

H. Res. 163

In the House of Representatives, U.S.,

October 10, 2000.

Whereas postpartum depression is the name given to a wide range of emotional, psychological, and physiological reactions to childbirth including loneliness, sadness, fatigue, low self-esteem, loss of identity, increased vulnerability, irritability, confusion, disorientation, memory impairment, agitation, and anxiety, which challenge the stamina of the new mother suffering from postpartum depression and can intensify and impair her ability to function and nurture her newborn(s);

Whereas as many as 400,000 American women will suffer from postpartum depression this year and will require treatment. This constitutes up to 20 percent of women who give birth. Incidence of mild, “transitory blues” ranges from 500 to 800 cases per 1,000 births (50 to 80 percent);

Whereas postpartum depression is the result of a chemical imbalance triggered by a sudden dramatic drop in hormonal production after the birth of a baby, especially in women who have an increased risk. Those women at highest risk are those with a previous psychiatric difficulty, such as depression, anxiety, or panic disorder. Levels of risk are greater for those with a family member suffering from the same, including alcoholism;

Whereas women are more likely to suffer from mood and anxiety disorders during pregnancy and following childbirth than at any other time in their lives. 70 to 80 percent of all new mothers suffer some degree of postpartum mood disorder lasting anywhere from a week to as much as a year or more. Approximately 10 to 20 percent of new mothers experience a paralyzing, diagnosable clinical depression;

Whereas many new mothers suffering from postpartum depression require counseling and treatment, yet many do not realize that they require help. It is imperative that the health care provider who treats her has a thorough understanding of this disorder. Those whose illness is severe may require medication to correct the underlying brain chemistry that is disturbed. This often debilitating condition has typically been a silent condition suffered privately by women because of the feelings of shame or guilt;

Whereas postpartum depression frequently strikes without warning in women without any past emotional problems, without any history of depression and without any complications in pregnancy. Postpartum depression strikes mothers who are in very satisfying marriages as well as those who are single. It strikes women who had easy pregnancies and deliveries, as well as women who suffered prolonged, complicated labors and caesarean section deliveries. Symptoms may appear at any time after delivery, often after the woman has returned home from the hospital. It may strike after the first, third, or even fourth birth;

Whereas postpartum depression is not a new phenomenon. Hippocrates observed the connection between childbirth

and mental illness over 2,000 years ago. Louis V. Marce, a French physician, detailed the identifiable signs and symptoms of postpartum depression in 1858;

Whereas the most extreme and rare form of this condition, called postpartum psychosis, hosts a quick and severe onset, usually within 3 months. 80 percent of all cases of this more extreme form present within 3 to 14 days after delivery with intensifying symptoms; once suffered recurrence rate with subsequent pregnancies is high;

Whereas postpartum mood disorders occur after the mother has had frequent contact prenatally with health care professionals who might identify symptoms and those at risk. In the United States, where medical surveillance of new mothers often lapses between discharge from the hospital and the physical checkup 6 weeks later, the recognition of postpartum illness is left mainly to chance. The focus of the 6-week checkup is on the medical aspects of her reproductive system and not her mental health;

Whereas having a baby often marks one of the happiest times in a woman's life. For 9 months, she awaits her child's birth with a whole range of emotions ranging from nervous anticipation to complete joy. Society is quite clear about what her emotions are expected to be once the baby is born. Joy and other positive feelings are emphasized, while sadness and other negative emotions are minimized. It is culturally acceptable to be depressed after a death or divorce but not by the arrival of an infant. Because of the social stigma surrounding depression after delivery, women are afraid to say that something is wrong if they are experiencing something different than what they are expected to feel. Mothers are ashamed,

fearful, and embarrassed to share their negative feelings and can also be fearful of losing their babies;

Whereas treatment can significantly reduce the duration and severity of postpartum psychiatric illness;

Whereas postpartum depression dramatically distorts the image of perfect new motherhood and is often dismissed by those suffering and those around her. It is thought to be a weakness on the part of the sufferer—self-induced and self-controllable;

Whereas education can help take away the “stigma” of postpartum depression and can make it easier to detect and diagnose this disorder in its earliest stages, preventing the most severe cases;

Whereas at present, the United States lacks any organized treatment protocol for postpartum depression. Sufferers have few treatment resources. The United States lags behind most other developed countries in providing such information, support, and treatment;

Whereas the United States Government and its agencies collect very little data on postpartum illness;

Whereas if early recognition and treatment are to occur, postpartum depression must be discussed in childbirth classes and obstetrical office visits, as are conditions, such as hemorrhage and sepsis;

Whereas early detection, diagnosis, and treatment of postpartum illness will become easier if public education is enhanced to lift the social stigma, thereby increasing the chance that women will inform others of her symptoms as she would for physical complications;

Whereas research shows that in the first few weeks after delivery, a woman’s chance of requiring a psychiatric ad-

mission is 7 times higher than at any other time in her life. It is estimated that as many as 90 percent realize something is wrong, but less than 2 percent report symptoms to their health care provider. The remaining individuals are either undiagnosed, misdiagnosed, or seek no medical assistance;

Whereas it is estimated that as many as 90 percent of women realize something is wrong; however less than 2 percent report symptoms to their health care provider. Only about 20 percent of women with the disorder receive treatment. The remaining individuals are either undiagnosed, misdiagnosed, or seek no medical assistance;

Whereas in addition to the mother, the effects of postpartum depression can also impact the child and the father significantly. Infants of mothers with postpartum depression are at risk for socioemotional difficulties in life. Maternal depression can affect the mother's ability to respond sensitively to her infant's needs. A depressed mother is less likely to provide her children with appropriate levels of stimulation and to express positive affect. Research generally shows that children who receive warm and responsive caregiving from the moment of birth and are securely attached to their caregivers cope with difficult times more easily when they are older. They are more curious, get along better with other children, and perform better in school than those who are less securely attached;

Whereas a mother's marriage can also become severely strained when dealing with a postpartum illness. Husbands/fathers feel anxious and helpless, not understanding what is going wrong or what is the source of the

depression. They can express exasperation and even resentment as a result of the problems created by the illness. They are also more likely to become depressed themselves, further compromising the functioning of the family. Lack of support from the partner can contribute to the development or continuation of postpartum depression. Husbands, partners, family members, and friends need access to information on these issues in order to support their wives, relatives, or friends;

Whereas severe postpartum illness can obstruct the important pattern of friendship and support that most couples with newborns tend to form. Family units as a whole can experience isolation;

Whereas education is helpful to new parents coping with these emotional and hormonal changes and also helps them to decide if and when they need to seek outside help; and

Whereas postpartum depression is one of the most treatable and curable of all forms of mental illness. Learning about postpartum depression helps prevent it and relieve it: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recommends that all hospitals and clinics which deliver babies provide departing new mothers and fathers or family members with complete information about postpartum depression, its symptoms, methods of coping with it, and treatment resources;

(2) encourages all obstetricians to inquire prenatally about any psychiatric problems the mother may have ex-

perienced, including substance abuse, existence of the above in any family members, and, ideally screen for ongoing depression;

(3) encourages all obstetricians to screen new mothers for postpartum depression symptoms prior to discharge from the hospital and again when they bring in their babies for early checkups;

(4) recommends that appropriate health care professionals be trained specifically in screening women for signs of postpartum depression in order to improve chances of early detection;

(5) recognizes that a coordinated system of registry should be developed to collect data on mental disorders in the new mother and that the National Institutes of Health should undertake additional research on postpartum psychiatric illnesses;

(6) recognizes the impact of a mother's postpartum depression on fathers and other family members as well and strongly encourages that they be included in both the education and treatment processes to help them better understand the nature and causes of postpartum depression so they too can overcome the spillover effects of the condition and improve their ability to be supportive; and

(7) calls on the citizens of the United States, particularly the medical community, to learn more about postpartum depression, how to educate women and families about it, and thus ultimately lower the likelihood that women around the country will continue to suffer in silence.

Attest:

Clerk.