

# Beating the baby blues

With a spate of teen moms in the headlines, postpartum depression may be next battle

## ► The specialist: Dr. Michael Brodman on postpartum depression

A gynecologist for 26 years, Brodman provides care to new moms and conducts research on the new subspecialty of urogynecology (female urinary-tract health) as well as the HPV vaccine trials.

## ► The big story:

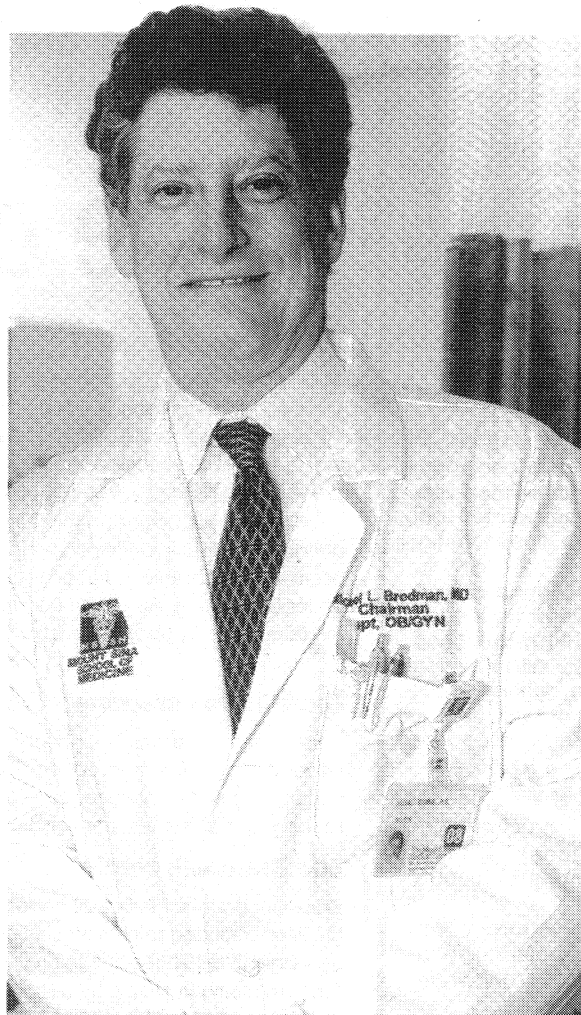
Last week, Britney Spears' 17-year-old sister gave birth to a girl named Maddie, and the country was shocked to learn of an alleged pregnancy pact among girls in a Massachusetts high school. Rearing babies isn't the only difficulty young mothers face. According to the Centers for Disease Control and Prevention, teen moms have a higher than usual risk of developing postpartum depression (PPD). Brodman offers advice — for all new moms — on preventing and treating the problem.

## ► Who's at risk:

Postpartum depression is a variety of clinical depression that occurs within six months of giving birth; it is a mood disorder characterized by feelings like sadness, loss, anger and frustration that interfere with the new mother's everyday life. Between 12% and 20% of mothers experience it to some degree.

Doctors have recognized PPD as a separate condition requiring careful medical attention only in the past 10 years. "The old idea was that some people couldn't cope," says Brodman, and that their problems immediately after pregnancy were a sign of "weakness or complaining." But thanks to research over the past decade, "that old dogma is really out the window," says Brodman.

Women who suffer from general depression have a higher risk, and women who have already had PPD are more likely to get it after another pregnancy. The problem can appear after any pregnancy, explains Brodman, "on your first or kid No. 3." A recent study by the CDC suggests that postpartum depression may be more likely to strike teenagers, smokers, women with less than 12 years of schooling, Medicaid patients, the victims of physical abuse



Dr. Michael Brodman, head of obstetrics, gynecology and reproductive medicine at Mount Sinai, implores doctors to be sensitive to PPD's symptoms.

and women under financial stress during pregnancy.

Public awareness of PPD has exploded over the past five years. In 2005, Tom Cruise famously criticized Brooke Shields for taking the prescription medication Paxil to combat her depression; his words created a huge backlash. Brodman disagrees with him entirely, but says the media firestorm had a silver lining: "Tom Cruise did us a service in a way: He brought a lot of attention to postpartum."

## ► Signs and symptoms:

The warning signs include exhaustion, irritability, inability to cope, sadness, feelings of hopelessness, lack of pleasure, fear and crying. These symptoms overlap with the signs of nonpregnancy-related depression, but take an especially vicious form in the stress-packed time after giving birth, Brodman explains. "It rolls into a bigger problem because the person can start to take less care of the baby, and even have trouble thinking."

The worst cases of PPD are placed in a different category and called postpartum psychosis. "You can be paranoid or delusional," says Brodman. "You feel like you are going to harm yourself or the baby." This condition calls for immediate psychiatric intervention.

## ► Traditional treatment:

The first step in diagnosis is for doctors to spend time talking with the patients to figure out exactly what

## BY THE NUMBERS

Between **12%** and **20%** of new moms experience postpartum depression.

**14%** of new mothers in New York State reported that they had experienced postpartum depression.

**54.2%** of women with PPD had been diagnosed with depression either before or during pregnancy.

Ob-gyns agree that all women should be screened for postpartum depression within **4-6 weeks** of giving birth.

Statistics from the CDC

is wrong; they should also look at the new moms' potential support systems. "Sometimes people need some help at home, sometimes they need to be in therapy to figure out their problems," says Brodman, and "if it's bad, they may need antidepressants like Prozac, Lexapro, Zoloft and Paxil."

PPD can last for a few days or a few months. If patients go on medication, they usually take it for three to six months.

Brodman recommends that patients look at information on the Web from the U.S. Health and Human Services Department ([www.womenshealth.gov](http://www.womenshealth.gov)). It includes a link to the site for Postpartum Support International ([www.postpartum.net](http://www.postpartum.net)), an organization dedicated to assisting new moms and their families.

## ► Research breakthroughs:

Doctors are making major advances on two fronts: understanding PPD and treating it. In one current study, researchers are examining the brain with MRIs.

"If we can identify a region in the brain that lights up during postpartum, that both helps with diagnosis and proves that postpartum is a chemical problem, not a psychological problem," says Brodman.

In the future, doctors hope to use this research to identify the chemicals or metabolic problems that cause postpartum depression.

## ► Questions for your doctor:

"The first thing I always tell patients is that postpartum is not an inadequacy on your part, and it's not that you aren't a good mom," says Brodman. Because one of the keys to working through PPD is removing some of the stresses that are weighing the mother down, ask: "**Do you have any resources available for helping me?**" It can be expensive to find someone to help out around the house or provide additional child care — and doctors know of groups and government agencies that can help you meet these costs.

"People are paying more attention, and jumping on this problem early," says Brodman. "And now we're not seeing as many of the severe cases as we used to." ♦

## ► What you can do:

### Rest.

It's basic advice, but many moms ignore it. There's no way of getting around it, and Brodman states simply: "You need downtime, when you're not responsible for child care."

### Get some help around the house.

You might not be able to pay someone to help you around the house, but you may find somebody in your life to help you — husband, sister, brother, mother, next-door neighbor. You want to prevent the overwhelmed feeling that has moms saying, "I can't leave the house."

### Have a go-to person and a backup team.

In most cases, the go-to person is the husband or another family member. Brodman recommends that single moms map out a strategy: "You have to create that infrastructure for yourself — if you can, before delivery day."

### Get exercise and eat right.

Working out and eating a healthy diet can go a long way. "If somebody's exercising, they're doing their bod and their brain some good, because they're getting a break from the baby," says Brodman.