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Editorial

Feeling Around in the Dark

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Editorial

Childbirth marks a critical time period in a woman's life and is accompanied by a myriad of mental, physical, and social adjustments. Postpartum Depression (PPD) screening is by far the most established method of evaluating maternal wellness and the most current recommendation from the American Congress of Obstetricians and Gynecologists (ACOG) states that depression screening may be beneficial [1], despite its detractors and evidence that it does not ultimately affect outcomes or facilitate treatment engagement [2]. Perhaps, at the very least, depression screening creates awareness; maybe it is a signal to a woman, who, at the time is focused on infant care, often to the neglect of self-care [3], that her health is also important even amidst the flurry of breastfeeding and late nights. However, while recommended, most providers are not conducting routine PPD screening [4]. In fact, during qualitative studies of indigent obstetrics patients I have been struck by the number of women who have remarked that "no one had really ever asked them about their needs" or that they "don't worry about themselves" with young children to consider. Even though we have prioritized postpartum mental health in this country to a degree [5], the primary focus remains on the clinical aspects of the pregnancy and birth and, naturally, the health of the child. Hahn-Holbrook [6] proposes that postpartum depression may be a result of how we live; distant from extended family, without adequate social supports, and vitamin D deficient. But how many women are caught in the middle of a major identity shift with little understanding of why they feel how they feel? I am in the minority. I have two children and two public health degrees. I am steeped in the health sciences literature every day and am surrounded by practicing clinicians who can rapidly field my health related questions without an appointment and in off-hours. I know what questions to ask my doctor and am able to recognize signs of anxiety, depression, and suboptimal functioning in myself. I have the resources to know where to look for help. I also have social support, which is strongly correlated with improved mental health outcomes in new mothers [7]. I know that what research does exist on the effects of medication on childbirth outcome is indexed by medication type and summarized on "fact sheets" at http://www.mothertobaby.org/otis-fact-sheets-s13037. In addition to medications such as ibuprofen and pseudoephedrine, antidepressants such as sertraline and paroxetine are also addressed in terms of their safety for use in pregnant women.

Contributing to the problem of inadequate attention related to postpartum mental health education are time and money considerations on the part of hospitals. Clinicians are pressured to meet quotas which affect the amount of time that they can spend with each patient and preventive mental health counseling falls outside of the scope of their primary responsibilities. Naturally, the immediate physical outcomes of the pregnancy and childbirth must be the focus in this context. Every time I write the "clinical implications" section of an article I am struck by how much we expect, in addition to excellent clinical care, from our health care providers. Regardless, what results is an underdeveloped understanding of what the postpartum period might entail. This education deficit includes not only mental health information, but physical as well. A friend of mine began experiencing headaches and blood pressure spikes in the early postpartum. She went through months of several stressful ER visits and testing (baby in tow) before she was officially diagnosed with postpartum preeclampsia. She was pondering everything from Lupus to a blocked pituitary gland. Imagine the anxiety in navigating this uncertainty while adjusting to the demands of a first child. I assure you, she is just one of many who end up thinking, "what the heck is happening to me and why didn't anyone warn me?" Of course, health care providers cannot anticipate every adverse outcome, nor would it be wise to anticipate trouble or plant seeds of doubt in the mind of a vulnerable new mother. Additionally, their training is focused on the physical aspects of the pregnancy, labor, and delivery and rightfully so. Unfortunately, many women are so overwhelmed in the postpartum period that identifying and pursuing a mental health specialist seems a daunting task. So who *should* bear the responsibility of providing postpartum mental health education? This is a core part of the controversy with the efficacy of depression screening: Are the resources in

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place to support women with positive screens [2]? Housing on-site mental health counselors isn't feasible for most obstetrics practices. Pediatricians have frequent contact with new mothers via well child visits but it is unlikely that they would have available on-site support for screen-positive mothers. This leads to yet another sticking point, even if screen-positive women are referred to an off-site mental health care professional, will they go? The evidence says not likely [8,9].

So, if the efficacy of depression screening is in question how do we evaluate the mental health status of new mothers and support women who are struggling? One possibility would be to change the mode of evaluation and assess maternal functioning [10,11] rather than depression status, as many women are hesitant to engage in treatment for the latter due to the related stigma [12]. Further, the primary goal for the majority of individuals pursuing medical care is improved functioning [13], rather than the achievement of a specific depression score. Approaching assessment with the goal of enhanced daily performance may be appealing due to its practicality. Additionally, depression screening is limited in scope; the Edinburgh Postnatal Depression Scale (EPDS) [14] is the most widely used screening tool and it includes questions regarding feelings of anxiety, unhappiness, and panic among others. It does not gauge women's perceptions of their own competence (or satisfaction) in the parenting role. Maternal functioning is also likely correlated with child health outcomes in both the immediate and long-term. Screening for functioning would also circumvent the issue of what do to with positive depression screens. There is no standing behavioral or pharmacologic intervention recommended for suboptimal maternal functioning. That said, the question remains of how to support women who are identified, albeit a different modality, as "struggling." While potentially more appealing from a patient engagement standpoint, a shift toward functional assessment also doesn't solve the issue of limited provider time for the purposes of assessment and the scarcity of on-site mental health counseling.

All of these questions and more remain. However, what is abundantly clear is that we are not as attentive to new mothers' needs in this country as we should be. An impressive one in seven women screen positive for PPD [15] which means that just as many families are feeling its effects. We also know that PPD portends to insecure attachment and impaired cognitive performance in offspring [15-18]. Suboptimal or poor maternal functioning is correlated with maternal depression [19] is also likely linked to adverse outcomes in children. We just happen to know less about its ramifications as maternal mental health has, thus far, been characterized by depression status alone.

In China, women may participate in an ancient tradition called "doing the month" in which they are relieved of domestic responsibilities for one month in order to rest and recover from childbirth [20]. This practice calls on the woman's mother, or mother-in-law to assume childcare and household duties while the "maternal balance between yin and yang can be regained" [20]. This is in stark contrast to what many American mothers face and often in the wake of a Caesarean section. While also a time of great joy, childbirth is a process of mental and physical recovery and adjustment and it should be treated as such. While a model akin to "doing the month" may or may not be feasible (or even preferred) in the United States, we need to investigate effective ways to educate and support new mothers.

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