

MEDICINE



SARAH COWARD / NEWS-PRESS.COM

Jenn Blosser kisses 2-month-old daughter, Georgine, on the cheek while making her a bottle Friday in Fort Myers.

When pregnancy brings depression

Feds want to diligently screen how giving birth affects mood

FRANK GLUCK

FGLUCK@NEWS-PRESS.COM

The joy and excitement Jenn Blosser felt for the birth of her first child disappeared almost as soon as she sat alone with the boy in her arms.

He was healthy and beautiful — everything she had ever hoped for. But in that moment, and for all of the early weeks of her son's life, Blosser saw only dark clouds.

She obsessed about death and on the idea that, no matter how good a mother she would be, bad things would inevitably happen to the boy. Depression and anxiety, conditions for which doctors had not diagnosed her, gradually took over.

“For three months after my son was born, I was in a really awful place,” said Blosser, 30, of Fort Myers of her now-3-year-old son. “I had no idea what was going on. I was terrified. I didn’t even talk to my husband about it; I didn’t talk to my mom. Nothing, until finally I sort of had a breakdown.”

Depression during and after pregnancy affects roughly one out of seven women, though most cases go undiagnosed, according to the Centers for Disease Control and Prevention.

With that in mind, an influential federal advisory panel is now recommending that primary care physicians methodically screen pregnant women and new mothers for signs of mental illness.

Though many Southwest Florida practices do this to some extent already, the guidelines are sure to make such examinations — and depression/anxiety diagnoses — much more common here.

See Depression, Page 5A

Depression

Continued from Page 1A

"It's been surprising," said Dr. Kevin Fleishman, an obstetrician and gynecologist with Physicians Primary Care of Southwest Florida, which recently started such mental health checks. **"Since we started the screenings, we picked up a large amount of anxiety and depression."**

Researchers believe many such cases are caused by the abrupt change in levels of the hormones estrogen and progesterone within 24 hours after childbirth. Sometimes, the lack of sleep that accompanies a new baby is to blame.

Family history of depression and abnormally stressful life events also increase the risk.

Blosser, who describes herself as a usually "happy-go-lucky" person said she had no history of mental illness.

That, she said, made her depression particularly terrifying. She said she didn't trust herself to care for the baby and worried that her child would be taken away if she ever revealed her thoughts.

One particularly vivid example of her thinking at the time took place hours after she gave birth at HealthPark Medical Center in south Fort Myers. She was on the hospital's fifth floor and glanced out the window to take in the view.

"Instead of feeling like, 'Oh, I'm so lucky! I'm happy! I've got this beautiful baby!', all I could picture in my head was my baby falling out of the window," she said, remembering the sensation of her heart pounding. "It was an awful moment."

Diagnosis and treatment

The U.S. Preventive Services Task Force, which made the most recent screening recommendation, had earlier called for universal screenings if clinics had depression-care staff and support available to ensure proper treatment and follow up.

This newest recommendation calls for such screenings even if not all primary care clinics have such resources. And, unlike that earlier set of guidelines, it now specifically recommends that pregnant women and new mothers be included in such checks.

The change is based on the assumption that such treatment is more widely available, according to the task force, though that may not be the case for many Southwest Florida patients.

Lee County has one mental health provider for every 1,140 residents, compared to the state average of 1 for every 744, according to the most recent estimates. Collier has one for every 1,026.

Dr. Max Kamerman, chairman of obstetrics and gynecology for NCH Healthcare System in Naples, said he supports the new guidelines and be-



Jenn Blosser plays with son, Thatcher, 3, after his afternoon nap Friday in Fort Myers.

SARAH COWARD / NEWS-PRESS.COM

lieves they will lead more practices to better screen their patients.

But he said some newly diagnosed patients, particularly those who are low-income or are under-insured, may have trouble getting the mental health care they need.

"There are very few places they can go to get the help they need — either because those places are at capacity or the cost is prohibitive," Kamerman said.

Given that, doctors commonly prescribe antidepressants for new mothers.

Pregnant women are also prescribed them, though doctors are more cautious about doing so. One recent study concluded there is a slight risk of birth defects for women taking paroxetine (Paxil) or fluoxetine (Prozac) in early pregnancy.

"It's a lot better to be on the low-dose antidepressants sometimes than to have the effects of the severe anxiety and depression during pregnancy, which can include suicide and other dangerous behaviors," said Dr. Fleishman with Physicians Primary Care.

Some screening is common

Screenings usually involve patients answering a set of questions to get a basic idea of their mental states.

One common questionnaire asks pregnant women and new mothers how

often they have felt sad, anxious or scared, and whether they have considered harming themselves in the past week.

Lee Physician Group includes a mental health screening in a programmed list of questions staff review with patients, said Dr. Cherrie Morris, lead obstetrician/gynecologist for the practice.

Morris said Lee Physician Group, a division of Lee Memorial Health System with 57 locations, has long talked to pregnant women and new mothers about their mental well-being.

"We all really know that the postpartum period is an increased risk for depression," Morris said. "That's kind of a known thing, and that's why everyone is screened."

Even so, signs get missed. Others, even if they are told about postpartum depression, are overwhelmed by their unfamiliar feelings.

Blosser, a Lee Physician Group patient, said that the 43-page booklet on prenatal health she received included only a one-page description of postpartum depression. The sheet describes some common symptoms — crying, sudden mood changes, difficulty coping, and so on — and notes that it is sometimes called "baby blues."

It also says most such symptoms are temporary, but it encourages women to

contact a physician if it lasts longer. It suggests women exercise, keep busy and maintain a healthy diet. Blosser, who said she otherwise received excellent care, called the advice she received on pregnancy-related depression "pathetic."

"I was in a place where I didn't trust myself to care for my baby, thought about death 24/7, was too scared to communicate my emotions with my husband or mother, had heart palpitations anytime we had baby in the car, and suffered almost daily panic attacks," she said. "This booklet basically told me to get dressed, leave the house, exercise, take naps, chill out, and get over it."

Blosser said she began experiencing postpartum depression again after the recent birth of her daughter. She promptly started back on the antidepressants and has been able to keep the gloomy thoughts at bay.

Given that, Blosser thinks the new screening guidelines are a great idea.

"I think it's genius; it's long overdue," she said. "There's an easy fix. You just have to know that you can talk about it, you have to know that you can reach out, and you have to know that there's places to turn."

Connect with this reporter: @Frank-Gluck (Twitter)