

## PANEL: DOCTORS SHOULD FOCUS ON PREVENTING DEPRESSION IN PREGNANT WOMEN, NEW MOMS

August 28, 2018

AILS CHANG, HOST:

Pregnancy and childbirth can be an emotional rollercoaster. Women can sometimes develop clinical depression lasting weeks or more. A federal advisory panel now says depression can be prevented if physicians can identify pregnant women and new mothers who are at high risk and help them get treatment. NPR's Rhitu Chatterjee reports.

RHITU CHATTERJEE, BYLINE: Depression during pregnancy or soon after childbirth hurts not just the mother but also her child. If a pregnant woman is depressed, she's at a greater risk of delivering a premature baby. And when a new mom has depression, it affects her baby's development. Karina Davidson is a professor of medicine and psychiatry at Columbia University Medical Center and a member of the U.S. Preventive Services Task Force, which has just released its recommendations on perinatal depression.

KARINA DAVIDSON: What we're interested in is preventing this illness.

CHATTERJEE: The panel is asking physicians to screen women to identify those who are at high risk of becoming depressed before their symptoms turn into full-blown depression. The panel recommendations include a list of risk factors that physicians should look for in pregnant women and new moms.

DAVIDSON: We do know that women who've had a depression before or who have family members who've had a depression or currently who have elevated symptoms are at risk.

CHATTERJEE: The panel says that physicians should refer the at-risk women to counseling because it can prevent clinical depression.

DAVIDSON: We think the really big news is that counseling to prevent depression in women who are at risk works.

CHATTERJEE: The task force found evidence that two types of counseling, cognitive behavioral and interpersonal therapy, are the most effective ways to prevent depression in women. Tiffany Moore Simas is at the University of Massachusetts Medical School. She wasn't part of the panel but welcomes the new recommendations. That's because she says it's a common illness.

TIFFANY MOORE SIMAS: One in 7 women on average will experience this complication.

CHATTERJEE: She says OB-GYNs should be screening to identify and treat women who already have depression, but prevention would be even better than cure. However, she says physicians may find it difficult to follow what the panel is recommending because many feel ill-equipped to handle mental health care issues, and mental health care resources can be scarce in some parts of the country. She says Massachusetts has already tackled the problem by providing more support to doctors like a toll-free line that connects them to a psychiatrist.

SIMAS: OB practices or any office that is caring for a pregnant or postpartum lactating woman can pick up the phone and say, I have a woman in my office. I'm worried about her. I don't know what to do. I want to talk to the perinatal psychiatrist.

CHATTERJEE: She says such programs can make a big difference in helping doctors deal with this all-too-common illness that affects not just moms but their children and entire families. Rhitu Chatterjee, NPR News.

(SOUNDBITE OF CAIRN STRING QUARTET'S "TUSK")

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