

Not Just the “Baby Blues”

Postpartum Depression

By Kauthar B. Umar, M.A.

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Just days after Melanie Stokes gave birth to her first child, her behavior changed dramatically. The normally cheerful 41-year-old was engulfed in a sense of hopelessness that caused her family great concern.

Five months later, after being hospitalized three times, misdiagnosed, and improperly medicated, Stokes finally took her own life. Only after her death did doctors carefully review Stokes' medical files and determine that she was suffering from postpartum psychosis.

“When Melanie told me that she felt that she was going to have to die, I told her that no way in this world was she going to die, because I wouldn't let her die,” Stokes' mother, Carol Blocker, said. “See, at that time I did not know anything about postpartum psychosis. I didn't know what could happen.”

While postpartum blues, depression and psychosis affect women from all races, ethnic and economic groups, African American women face additional challenges, preventing proper diagnosis and adequate treatment. As a result, thousands of women may live in fear of harming themselves or their babies, with little understanding and no available outlet for help.

According to the National Women's Health Information Center, 70 percent of new mothers experience symptoms of postpartum blues, which begin three to five days after delivery, can last up to three weeks and appear in short sporadic spurts. Postpartum depression, which persists more than two weeks, is seen in eight to 15 percent of new mothers.

Sufferers are often unable to deal with daily life and family stress and can neglect their babies. The most severe of the disorders, postpartum psychosis, affects one to two new mothers out of every thousand. The condition can cause a new mother to experience hallucinations or delusions, and can lead to suicide, homicide, or infanticide, killing an infant or child.

Although women with a history of depression are more likely to suffer from postpartum psychiatric disorders, factors that can contribute to their onset include “depressive symptoms during pregnancy, unstable marital or other significant relationships, stressful life events, low income, low educational attainment and not breastfeeding,” according to a 2001 study published in the “American Journal of Psychiatry.”

Dr. Nada Stotland, head of the American Psychiatric Association's (APA) public affairs committee, said that low-income African American women suffer from many of these stressors.

African Americans and Mental Illness

The number of African American women affected by postpartum psychiatric disorders is unclear, since many tend to conceal symptoms of mental illness, maintains Linda Clark Amankwaa, an assistant professor of nursing at Virginia Commonwealth University.



In a study of postpartum depression among African American women published in the spring 2003 volume of the “Journal of Cultural Diversity,” Amankwaa found that “depression was something that would not be disclosed readily among African American people [or] outsiders because of the stigma attached to it and the negative consequences.”

Besides their distrust of the health care system, Amankwaa says that African American women have shied away from mental health treatment out of fear that their children might be taken away from them. They also fear a depression diagnosis may affect their health insurance and employment.

What's more, African American women are slow to admit depressive symptoms for cultural reasons.

“It is a cultural belief that depression is symbolic of weakness, not a disease,” Amankwaa wrote. “For African Americans, depression means that you are crazy and ‘crazy’ in African culture is an insult of the greatest magnitude.”

Moreover, postpartum psychiatric disorder sufferers often delay treatment because they don't understand why they are not happy after giving birth. With family and friends welcoming the new baby and expecting the mother to be happy, APA's Stotland says women tend to suppress their true feelings because they are embarrassed.

Barriers to Treatment

Though most women who suffer from postpartum depression or psychosis don't kill themselves or their babies, Stotland says they still need to be screened and receive emergency medical treatment if warranted.

But even African American women who go through the screening often suffer due to lack of treatment, according to Stotland.

For many low-income African American women, treatment, even in public clinics, is difficult to access.

“What if it's February in Chicago?” Stotland said. “You have a newborn baby and a toddler and you live on the 10th floor of a housing project. How do you get to a mental health clinic, in the snow, with two babies? You don't. You have to wait.” Stotland argued that if a mother cannot access a clinic for mental health treatment, health care providers often just assume she did not comply with treatment recommendations.

Moreover, often those patients receiving treatment do not receive culturally sensitive care, Stotland said. For example, mental health care providers are often unaware or disregard the connection that African Americans have to religion and spirituality as a path to healing. According to Stotland, historically, African Americans turn to the church for spiritual healing before seeking contemporary medical treatment—especially when it pertains to mental illness.

As a start, Stotland has met with various clergy throughout Chicago to make sure these issues are being

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discussed from the pulpit. By acknowledging the role that the Black church plays in the African American community and creating discussions with the pastors, Stotland hopes to eventually reach the women who are suffering.

“We’ve been educating the clergy so that we are all on the same page,” Stotland said. “People need to understand this disease. Society needs to understand it.”

Amankwaa agrees that the society needs to be educated. She points out that there are protocols for providing health care for babies for a full year after birth, but no care for the mother beyond one postpartum check up. She recommends that specific programs be

developed to address the health and welfare of the family during this postpartum period, and that new mothers, like new babies, receive care during the first year after giving birth. This, she believes, will help women get into treatment early before they become a threat to themselves or their babies.

For more information, contact the National Women’s Health Information Center at 800-994-WOMAN (1-800-994-9662) or go to <http://www.4woman.gov/>❖

For more information, contact the National Mental Health Association at <http://www.nmha.org/children/ppd.pdf>❖

