

**Testimony before the
Health Subcommittee
of the
House Energy and Commerce Committee
on H.R. 20:
The Melanie Blocker-Stokes Postpartum
Depression Research and Care Act**

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Witness: Mary Jo Codey

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The State of New Jersey**

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Mr. Chairman and members of the subcommittee, thank you for calling this important hearing and inviting me to testify on behalf of those who suffer from postpartum mood disorders. My name is Mary Jo Codey. I am the wife of Richard Codey, former governor, current acting governor, and senate president of New Jersey. I am also a member of the President's Advisory Council of Postpartum Support International, and a teacher in the West Orange Public School System.

I was first introduced to postpartum depression – or PPD – through my own experience after I delivered my oldest child, Kevin, 22 years ago. Nothing prepared me for what has been the worst experience of my life. Not even having breast cancer could compare.

One of the worst aspects of PPD is that it strikes at a time when you expect to be overjoyed. When you aren't, you feel shame, guilt, inadequacy, and isolation. No matter how much support you receive from those around you, you lose touch with them and with yourself. You fail to bond with your baby. You can't function. And you have no idea what's happening, or where to turn for help.

Although I had all the signs of PPD, no one seemed to know what was wrong. After I began to have terrifying, intrusive thoughts about hurting my son, I checked myself into a mental institution for a month but found no help there.

Eventually, I found a psychiatrist who did know about PPD. For months, we tried different antidepressants, but the intrusive thoughts increased until I couldn't stand it and resolved to commit suicide. As a last-ditch effort, the

psychiatrist prescribed an MAO inhibitor. Within weeks, the intrusive thoughts began to recede and finally disappeared.

In total, it took me almost a year to get better. But I endured depression again with my second and final pregnancy, during which I underwent 11 rounds of shock therapy.

When it was all done, I came to be angry that so little was known about this disorder, which strikes an estimated 11,000 to 16,000 women a year in my state alone. I thought it was unfair for women and their families not to be educated about it. PPD isn't a woman's illness; it's a family illness. And I didn't want anyone to have to go through what my family and I had experienced. So I began sharing my story with medical and mental health professionals, women's groups, and the media. And I began working with PPD support and mental-health groups.

My husband also is a long-time advocate for the mentally ill, and circumstances gave us a window of opportunity. During his 14-month tenure as governor, New Jersey created a comprehensive campaign called "Recognizing Postpartum Depression: Speak Up When You're Down." I am proud to be the spokesperson for this campaign, which features

- a 24-hour helpline;
- a bilingual website with valuable information for women, their families, and medical professionals;
- literature;
- and public-service announcements.

New Jersey's Postpartum Depression Screening and Education law – which was signed by Governor Corzine a year ago and took effect in October – is an outgrowth of the efforts that began during my husband's administration. Now, every pregnant woman in our state has to be educated about maternal mood disorders before giving birth and screened for PPD after. And all licensed health care professionals who provide pre- and post-natal care have to be educated about maternal depression. Health organizations around our state have received funding to develop programs that respond to the law, and they continue to expand their services even as we meet here today.

I'm proud that our law, which is the first of its kind, has become the model for other states that seek to develop programs. But that is happening slowly. Meanwhile, too many cases are going undiagnosed and untreated.

Maternal depression is one of the commonest complications of childbirth. It strikes without regard to age, race, education, or economic background. It robs women of the ability to bond with their new babies and isolates them from their loved ones. It robs children of mothers who can provide the love and care they need.

Congress has a moral obligation to women and their families across the whole country to provide more research to determine the full extent of this public health crisis and more education, screening, treatment, and support to avoid needless suffering. It will take a federal mandate to do that effectively.

I urge you to expand the work we are doing in New Jersey to the national level by passing H.R. 20. Thank you.