



**Testimony**  
**Before the Subcommittee on Health**  
**Committee on Energy and Commerce**  
**United States House of Representatives**

**Research on Postpartum Depression at  
the National Institute of Mental Health**

*Statement of*  
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Good afternoon, Mr. Chairman and Members of the Subcommittee. On behalf of the National Institute of Mental Health (NIMH), part of the National Institutes of Health, an agency of the Department of Health and Human Services (HHS), I am pleased to present a brief overview of the current research for understanding and treating postpartum depression. Postpartum depression is a serious brain disorder that poses health risks to both mother and infant. Postpartum depression is part of a spectrum of mood disorders that affect women after the birth of child, ranging from mild (maternal blues) to severe (postpartum depression and postpartum psychosis).

The “maternal blues” refers to a transient depressed mood that can last a few days to a week. It is extremely common, affecting approximately 50% of new mothers<sup>1</sup>. Postpartum depression (PPD) describes a sustained period (two weeks or more) of depressed mood that interferes with one’s ability to perform day-to-day tasks and can be incapacitating. It is associated with a personal or family history of depression, depression during pregnancy, stress, and lack of social support. Untreated postpartum depression has been associated with poor infant outcomes and poses a health risk to the mother, including the risk of suicide. Postpartum psychosis, which is rare, is associated with a personal or family history of bipolar or schizoaffective disorder. It typically occurs early, usually in the first two weeks after childbirth and is associated with agitation, hallucinations, and bizarre ideas, occasionally leading to violent behavior.

According to a recent report of HHS’ Agency for Healthcare Research and Quality, approximately 14% of women experience a new episode of depression during the first three months postpartum.<sup>2</sup> Understanding the causes of these mood disorders is important for developing new treatments, as well as creating preventive interventions.

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<sup>1</sup> Henshaw, C. Mood disturbance in the early puerperium: a review. Archives of Women’s Mental Health. 2003 Aug; Suppl 2:S33-42.

<sup>2</sup> Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, Brody S, Miller WC. Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes. Evidence Report/Technology Assessment No. 119. (Prepared by the RTI-University of North Carolina Evidence-based Practice Center, under Contract No. 290-02-0016.) AHRQ Publication No. 05-E006-2. Rockville, MD: Agency for Healthcare Research and Quality. February 2005.

NIMH is currently funding a number of studies that examine the role of stress, hormones, genetics, psychosocial, and cultural factors that may contribute to the development of PPD.

Because PPD occurs in the context of a major change in reproductive hormone levels, there have been questions surrounding the role of estrogen and progesterone in PPD. The NIMH's Intramural Research Program (IRP) supports several studies in this area. For example, one IRP study follows women during the postpartum period to assess whether the onset of depression is associated with a change in reproductive hormone levels. A companion study will determine whether estradiol administration can relieve symptoms of postpartum depression. Finally, researchers are exploring the role of reproductive hormone withdrawal as a potential cause of depressive symptoms in healthy women.

In addition to this intramural research, NIMH supports a variety of extramural studies on postpartum depression. Investigators are encouraged to submit research grant applications through program announcements on women's mental health in pregnancy and the postpartum period.

Depression that occurs during pregnancy poses some unique challenges for both the patient and the health care provider. NIMH has supported a number of studies indicating that both interpersonal and cognitive-behavioral therapies are effective in treating many women with depression during pregnancy and in the postpartum period. However, not all women respond to, or can take advantage of, these therapies. Other research is examining the risk of stopping antidepressant use during pregnancy. Women with recurrent major depression who discontinued their medication during pregnancy had a five-fold greater risk of relapsing than those who continued on their medication.<sup>3</sup> Other studies raise concerns about the use of selective serotonin reuptake inhibitors (SSRIs) during pregnancy. For example, SSRIs increase the rate of primary pulmonary hypertension, a

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<sup>3</sup> Cohen LS, Altshuler LL, Harlow BL, Nonacs R, Newport DJ, Viguera AC, Suri R, Burt VK, Hendrick V, Reminick AM, Loughhead A, Vitonis AF, Stowe ZN. Relapse of major depression during pregnancy in women who maintain or discontinue antidepressant treatment. *JAMA*. 2006 Feb 1; 295(5):499-507.

rare but serious condition, in newborns. However, untreated depression also poses risks to the newborn, including low birth weight and behavioral abnormalities. By co-funding a large center grant with the NIH Office of Research on Women's Health on medication use in pregnancy, NIMH is taking steps to obtain data on this important issue so women and their doctors can be better informed as to the risks/benefits of antidepressant treatment during pregnancy.

To successfully influence treatment practice, data must be disseminated. For this reason, NIMH has teamed with several other federal agencies to provide information on PPD for the public and health care providers. NIMH has assisted in updating the information for consumers on postpartum depression for the HHS Office on Women's Health website, [www.womenshealth.gov](http://www.womenshealth.gov). Additionally, NIMH worked with HHS' Health Resources and Services Administration staff to develop a consumer booklet on depression during and after pregnancy that was released on April 17, 2007. The brochure offers tips on identifying the condition in mothers and six steps to help treat it successfully. Called "Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends," the booklet is designed to increase awareness among women and clinicians. The companion website may be found at <http://mchb.hrsa.gov/pregnancyandbeyond/depression/>

Overall, NIMH supports an active research base to advance the understanding, treatment, and ultimately prevention of postpartum depression. This research continues to be a critical source of information for women, families, and healthcare providers seeking better ways of detecting, managing, and treating this devastating illness.

Thank you for the opportunity to provide this information to you. I would be happy to answer any question you may have.