

Postpartum Depression Clinic The First Of Its Kind

by Ann Heppermann

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Maria Bruno knew something was really wrong when she put her newborn son, Nicolas, down for a nap and then was too afraid to pick him up.

"I was experiencing anger and rage, and I had suicidal thoughts," she says.

In her desperation, she called her midwife and said, "I don't know what's wrong, but I can't take care of the baby, and I'm miserable all of the time."

Her midwife asked what was wrong. Did she have thoughts of hurting herself? "I just laughed," Bruno says. "I said, 'All the time.'"

After childbirth, most new moms will experience some form of the "baby blues." For some women, those feelings persist and turn into postpartum depression – a serious condition that can lead to hospitalization and more.

On Monday, a University of North Carolina hospital in Chapel Hill will open the country's first free-standing perinatal psychiatry unit. It's hoped the new clinic and those that follow may prevent Bruno's experience from happening to other mothers.

Placed With Mental Patients

Bruno's midwife believed Bruno's life was in danger, so she called the police. They took Bruno to a University of North Carolina hospital in Chapel Hill, where she was diagnosed with severe postpartum depression.

The hospital had no inpatient program specifically for postpartum women, so the doctors checked Bruno into the same ward that houses schizophrenics, drug addicts and dementia patients. The staff put her on 24-hour high suicide alert.

"When I pumped, I had to have someone outside the door because they didn't want me to try and strangle myself with the pump parts or something ridiculous," she says.

Bruno says she never intended to act on her suicidal thoughts. She just felt overwhelmed, unable to be the capable mother she wanted to be.

Just Thoughts

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Many doctors are not trained for it, and insurance companies often don't reimburse for it.



Study Finds Dads Suffer Postpartum Depression

Triggers for dads are similar to those of new moms: sleep deprivation, stress and financial worry.

Chris Raines is a therapist at UNC's Perinatal Mood and Anxiety Disorders Program. She met Bruno after she transferred into outpatient therapy. Each year, Raines sees hundreds of women suffering from postpartum depression.

"I've had women come in here for a session and have said, 'All I want you to do is give me the name of an adoption agency, because there's got to be a better mother out there for this baby than me,'" she says.

"They will say emphatically, 'I never thought about hurting my baby, but I would have these thoughts that I would see my babies with knives in it,'" she says. "I've had moms that won't go by the kitchen because they're afraid that they're going to pick up a knife — because they've had this thought and they don't know what it means."

Raines assures the women these thoughts are just that: thoughts. However some health care providers, who aren't trained in treating postpartum depression, don't understand this. In Bruno's case, the hospital staff would not allow her to see her baby at first because they feared she would hurt him.

"I found myself asking the nurses, 'What is it gonna take for you to let me out?'" she says.

To get released, there were rules. Bruno had to stop crying. She had to take an antidepressant. She had to go to group therapy — even though the session was for alcoholics and drug addicts. After five days, she was finally released.

"I can't talk about it without crying most of the time," Bruno says. "It's in my gut. It will never escape me, that experience."

A Clinic Just For Postpartum Mothers

Bruno's story motivated Raines to push for an inpatient clinic — a hospital clinic where the staff understands the needs of women with postpartum depression.

Dr. Samantha Meltzer-Brody, who directs the UNC Center for Women's Mood Disorders, says everything in the new ward is geared to help women with postpartum depression. There are breast pumps and comfortable rocking chairs, individual therapy and family therapy. Babies will have extended visiting hours so that mom and child can create a routine, even while mom is hospitalized. It's the kind of treatment, she says, these women should expect.

"Not in the middle of the heart clinic," Meltzer-Brody says, "not in the middle of a different ward, but in a specialty ward that takes care of women during pregnancy and postpartum."

"We think that the mental health services for the people that need it also needs to be appropriate."

Meltzer-Brody says the clinic serves as a model for what should be happening across the country. Calls are already coming in from Michigan, Arizona and other states from women and doctors inquiring about the new clinic's services.