


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Bill makes it easier for new mothers to treat 'baby blues'

By Tiffany Brooks
Staff Writer

May 27, 2014
The family of Cynthia Wachenheim, a Manhattan woman who jumped to her death with her infant strapped to her body, is supporting the reintroduction of legislation aimed at combating maternal depression.



The Maternal Depression Bill (S.7234/A.9610) would provide education promote screening and treatment referrals for postpartum depression and other maternal depression disorders, creating the state's first systemwide screening and referral procedure. Prenatal depression, "baby blues," postpartum anxiety, and postpartum psychosis are all examples of maternal depression that would be addressed under this bill.

The bill passed both houses last session but was vetoed last year due to technical concerns regarding its impact on insurance companies. It has since been revised by its sponsors.

"Our family will feel the pain of losing Cindy for the rest of our lives," said Deborah and Ron Wachenheim, the mother and husband of Cindy. "Our hope is that this legislation will help prevent other families from needlessly losing loved one by educating them about maternal depression and mood disorders so they can recognize the signs and access the appropriate and effective treatment."

Cynthia Wachenheim, 44, committed suicide by jumping eight stories from her Harlem building with her 10-month old son strapped to her chest in March 2013. Wachenheim had been experiencing symptoms of postpartum psychosis and died as a result of her injuries leaving a 13-page suicide. Her son survived the fall.

According to bill sponsor Sen. Liz Krueger, D-Manhattan, 50 to 80 percent of women develop "baby blues" a mild depression; 10 to 15 percent of women develop postpartum depression each year; and 0.1 to 0.2 percent develop symptoms of postpartum psychosis.

Conditions of maternal depression often go undiagnosed or inadequately treated, even though treatment has an 80 to 90 percent success rate.

Krueger said many new parents are unaware of how common maternal depression is and hopes the bill will spur greater awareness.

The bill would also allow the Commissioner of Health to provide screening guidelines for health care providers for patients during their pregnancy and after their birth; add maternal depression materials to maternity education and outreach programs; bar insurance companies from requiring a special referral for maternal depression screening by obstetricians and pediatricians; and require the Department of Health to provide a list of treatment providers, including support groups and nonprofit organization.

"New York mothers, fathers and family members need to know they are not alone, not to blame and that they will feel better and be well with help," said Sonia Murdock, executive director and co-founder of the Postpartum Resource Center of New York. "This legislation is critical to further help strengthen the maternal depression safety net for the prevention of tragedies."

Assembly sponsor of the bill, Richard Gottfried, says that he hopes now that the technical concerns are worked out the bill can pass once again.

"A key element of the bill is recognizing that the newborn's pediatrician can have an important role in identifying maternal depression," said Gottfried, D-Manhattan, the chair of the Health Committee. "The bill incorporates all the technical concerns the governor's office raised last year, so we hope to get it passed in both houses and signed into law. Early screening for postpartum depression is effective for families and offers long-term emotional benefits and health care cost savings."

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