

# History and Purpose of Postpartum Support International

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## ABSTRACT

Postpartum Support International provides training for professionals and supports families who experience perinatal mood and anxiety disorders. The purpose of this article is to describe Postpartum Support International, which was founded in 1987 to increase awareness among public and professional communities about the emotional difficulties women experience during and after pregnancy. We recommend strategies with which health care professionals can support families, reduce stigma, and offer resources for treatment and support.

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Perinatal mood and anxiety disorders affect 14% to 23% of women during pregnancy and 11% to 21.9% of women in the postpartum period (Gaynes et al., 2005; O'Hara & Wisner, 2013). These treatable disorders are associated with stigma, fear of the loss of parental rights, negative consequences from family members, and financial issues. These barriers often prevent women from seeking treatment or even asking for help. In a study of the views of women versus those of providers, Byatt et al. (2013) found that with regard to screening and treatment, often perinatal health providers and the women who received their care have very different perceptions. Women reported that they welcomed treatment but were less likely to talk with their perinatal care providers because they felt "judged, invalidated, and even traumatized during mental health discussions." Women believed that screening by itself was not empathetic or productive because adequate follow-up was not offered. Women also believed that mental health providers lacked experience in perinatal mood disorders, so they were not able to explain what was happening or recommend useful tools (Byatt et al., 2013). Normalization of perinatal mood disorders can help

women to not feel isolated and different from others.

The mission of Postpartum Support International (PSI; 2017a) is to promote awareness, education, and compassionate support to help reduce stigma and barriers to care related to perinatal mood and anxiety disorders. The vision of PSI is that every woman and family have access to information, social support, and informed professional care as they deal with perinatal mood and anxiety disorders. This vision is achieved through advocacy, collaboration, and education of the public and members of the professional community who directly care for women; PSI facilitates peer support for families and training professionals and creates bridges among women and their families and professionals. The foundational message of PSI is the following: *You are not alone, you are not to blame, and with help you will be well.*

PSI has evolved over time, but its core beliefs remain as important now as they were 30 years ago. Education for mothers, families, communities, and health care providers, including nurses and advanced practice nurses, continues

**As the leading support and training organization for perinatal mood disorders, the goal of Postpartum Support International is to raise awareness and provide opportunities for nurse involvement.**

to be a top priority. Collaboration with organizations whose members care for women and infants, such as the Association of Women's Health, Obstetric and Neonatal Nurses; March of Dimes; the Marcé Society; the American College of Obstetricians and Gynecologists (ACOG); and the American Academy of Pediatrics, increases awareness and knowledge, supports holistic treatment for the entire family, and reduces stigma.

### History of PSI

In 1962, James Alexander Hamilton, MD, PhD, wrote the landmark *Postpartum Psychiatric Problems*. Interest and research in the field grew, and in 1980 he founded the International Marcé Society. The Marcé Society was named after French psychiatrist Victor Marcé, who wrote the first treatise on puerperal mental illness in 1858 (Trede, Baldessarini, Viguera, & Bottero, 2009) and advocated for research, treatment, and the promotion of social support in the area of postpartum illness worldwide. Continuing his research, in 1992, Hamilton and Patricia Neel Harberger published *Postpartum Psychiatric Illness: A Picture Puzzle*, which further contributed to the knowledge base regarding perinatal mental illness.

In the late 1970s, Jane Honikman had a personal experience with postpartum depression and discovered a lack of available resources to assist herself, other women, and their families in similar situations (Lamaze International, 2016). In response, in 1987 she founded PSI in collaboration with Hamilton, and members included social support group leaders from England, Canada, South Africa, Australia, and the United States. During the 1980s and 1990s, grassroots movements grew to support mothers who experienced distress. In 1985, Depression After Delivery was founded in New Jersey to provide assistance for support groups, volunteers, and professionals in the field of postpartum depression. In 2005, Depression After Delivery closed and merged with PSI to create a more diverse membership and a larger pool of resources.

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### Influence in the Field

As PSI grew, the organization influenced the development of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The *DSM* has been published by the American Psychiatric Association since 1954 (American Psychiatric Association, 2013). Over the years, groups with interest in the ongoing classification of mental health disorders have been asked to contribute to the definitions included in each updated edition. For example, the term *postpartum depression* has been used clinically since the 1980s, but it was not formally addressed in the *DSM* until 1994. Although postpartum depression is not a unique diagnostic category, inclusion of the specifier *with postpartum onset* had a significant effect on psychiatric practice and terminology related to perinatal mental health (American Psychiatric Association, 2000).

In 2012, as contributors began to review the *DSM* for the fifth edition, PSI and other organizations were involved and provided testimony on mental illness during the perinatal period. During this process, members of PSI were invited to the American Psychiatric Association briefing and recommended that the definition of onset of postpartum disorders be broadened from the first 4 weeks to as long as 6 months after birth and that the onset specifier be added to other diagnoses, including manic and mixed affective disorders, obsessive compulsive disorder, and brief psychotic disorder. Specifically, PSI representatives recommended the following:

We would also recommend the addition of the six-month onset specifier to the Mixed Depression and Anxiety Disorder and Obsessive Compulsive Disorder (OCD) as well, for the following reasons: In general, many postpartum women present with a mixed depression and anxiety picture so the Mixed Depression and Anxiety Disorder seems to be a recognizable diagnosis for primary care doctors and obstetricians who will see many of these women in their practices. In addition, it is important for doctors and other mental health professionals to be trained to diagnose postpartum depression, anxiety, OCD, and psychosis to ensure the proper treatment and education of their patients and their families. Many families do not understand the nuances of these conditions in the perinatal time period and depend on solid information and diagnosis to help them know

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