



The New York Times

Student Journalism Institute



Dorissa Vasquez, 25, a first-time mother, is in treatment for postpartum depression.
Adriana Loureiro Fernández/NYT Institute

Screening for Postpartum Depression Is Not Enough for Some Mothers

By Ayanna Alexander and Winta Mebrahti June 1, 2017

Dorissa Vasquez, 25, thought often about how she could dispose of her newborn. “I would constantly fantasize about these awful ways that I could get rid of her permanently,” she said, sobbing. “Or even how I could get rid of myself. The most consistent one was ‘I can just throw her out the window.’”

Ms. Vasquez has postpartum depression: one of four types of maternal

depression, along with prenatal depression, baby blues and postpartum psychosis.

Depression during or after pregnancy is especially common in low-income and minority areas, like East Harlem. Studies show that black and Latina women, who accounted for 50 percent of the live births in New York City in 2014, “are less likely than whites to seek, start or continue treatment for depression,” according to a City Limits newsletter. East Harlem’s population is 81 percent black or Hispanic; Central Harlem’s is 85 percent.

In 2015, New York City started an initiative to screen all expectant and new mothers for signs of maternal depression. In late May, Chirlane McCray, the wife of Mayor Bill de Blasio, announced that the program, in collaboration with ThriveNYC, was expanding maternal depression screenings to all New York City Health and Hospitals locations.

But when Ms. Vasquez filled out the prenatal questionnaire last year, she said, she didn’t want to “answer the questions truthfully” because she feared she would be hospitalized if she admitted her feelings.

A social worker at Mount Sinai, Laudy Burgos, said this fear deterred many women from seeking help. Though it is rare for patients to be hospitalized against their will, many women think they will be sent to the “loony bin,” she said.

Ms. Burgos said the stigma of mental illness was passed through generations in black and Hispanic communities. Comments like “No, you’re fine” and “You don’t have to take the crazy medication” are common, she said.

“While I think it’s changing, I think for a long time that sort of stigma with mental health in the communities of color has really worked against people getting better, in terms of them getting the help that they need,” Ms. Burgos said.

Ms. Vasquez realized that when she reached out to her mother for support. She said her mother told her: “Oh, you’ll be fine. Are you going to tell me that you’re weak? That you can’t power through this? You know what I went through.” And then “she told me to pray,” Ms. Vasquez said.

The obstacles don’t end once depression is suspected.

“We found that our rates of depression in our underserved populations is 25

percent,” said Dr. Holly Loudon, an obstetrician and gynecologist at Mount Sinai Hospital, but getting people into treatment can be a problem. “It’s not always as simple as ‘Are they insured?’” Dr. Loudon said. “Sometimes, it’s: ‘Do they have transportation?’ ‘Do they have unstable housing?’ and ‘Is their shelter no longer near where they get prenatal care?’ Their shelter may not have child care.”

Robert Keefe, an associate professor of social work at the State University of New York at Buffalo, said that after a woman gives birth, the focus shifts from her to the baby. However, mothers can start to feel overwhelmed, and the treatment process has its own problems.

“A lot of services have a fee-based system,” Dr. Keefe said. “A lot of them can’t provide transportation to and from appointments. They need to link with other community sources. They say faith-based support like churches help them more. And churches often have people in congregations who help the mothers with transportation to and from appointments.”

Ms. Vasquez, who is now in treatment, wasn’t worried about transportation costs, she said, but she was “afraid to leave” her house.

“I had too much anxiety going on to go outside and taking public transportation, from the time I was seven months pregnant until about now,” Ms. Vasquez said. “I felt like all the attention was on us. Then I would have these thoughts that a car would veer out and hit me or my baby. Or there would be a shootout in the Bronx, because that’s what happens, and I would get shot from a stray bullet.”

She and her boyfriend were also overwhelmed by researching their baby’s needs. Ms. Vasquez said she wished that a social worker or therapist had visited their home after the birth of their daughter.

“I YouTubed and Googled everything,” she said. “I learned my baby’s developmental milestones — more in-depth than what the hospital gave me. I learned how to play with her correctly in her early stages and swaddling. Yeah, it was a lot of trial and error after my research, but ultimately, it answered my questions that I wasn’t comfortable to ask in a doctor’s office.”

Dr. Keefe continues to research ways to support mothers with depression. “We do know that we have a lot of programs that you’re required to take your baby to, like the pediatrician, but we don’t have policies for the mother,” he said. “So the mother isn’t necessarily getting services, but she’s making sure her child is

getting them as she should. We have to start rallying around mothers.”



219



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