A Message from ACOG President Gerald F. Joseph, Jr., MD

Postpartum Depression: More than the “Baby Blues”

All of you know that the joys of pregnancy and motherhood can be short-lived, or non-existent, for women with postpartum depression. An estimated 10 percent of new mothers struggle with this disorder that can be devastating for the mother, her infant, partner, and family.

Mood changes after pregnancy, which may be caused by fluctuations in a woman’s hormone levels following delivery, are extremely common. As many as 80 percent of new mothers experience “baby blues” after childbirth. Within two to three days after delivery, many women with baby blues report feeling depressed, anxious, upset, or angry (with the new baby or others around them). They may cry for no clear reason; have trouble sleeping, eating, and making choices; or question whether they will be able to care for the baby. These feelings often go away on their own within a week or so.

With postpartum depression, however, the negative feelings don’t resolve and can develop into a depressive disorder that interferes with the mother’s ability to function normally. The symptoms, which typically surface between one and three weeks after delivery, are more severe than the baby blues and may include:

- Strong feelings of depression or anger, months after childbirth
- Increasing feelings of sadness, doubt, guilt, or helplessness that affect daily activities
- Changes in appetite
- Inability to care for oneself or baby
- Anxiety or panic attacks
- Fears of harming the baby
- Thoughts of self-harm or suicide

Women who have previously had postpartum depression (PPD) or a psychiatric illness, lack emotional support at home, or have experienced a stressful event such as recently losing a loved one may have a higher risk of developing postpartum depression. Further complicating matters is that new mothers often can’t bring themselves to admit that they are having problems or negative emotions. Instead of asking for help, they may feel guilty for not being “grateful” or “good” mothers.
Postpartum Depression: More than the “Baby Blues” Cont’d.

I hope this issue is as critical to you as it is to me, and that you join me at ACOG’s Annual Clinical Meeting in May where my Presidential Program will include three lectures on this compelling topic. You’ll learn cutting edge science and hear from the former first lady of New Jersey, who will share with us her personal, and painful, experience with PPD.

We have a PPD victory to celebrate in health reform, too, as ACOG’s PPD legislation was signed into law. The law will foster basic research concerning the etiology and causes of the conditions; epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions; development of improved screening and diagnostic techniques; clinical research for the development and evaluation of new treatments; and information and education programs for patients and physicians to make sure we all know the most we can about this potentially debilitating condition. Soon, you’ll see and hear television and radio public service announcements raising awareness about screening, and educating new mothers and their families about postpartum conditions to promote earlier diagnosis and treatment.

I’m very glad that we’ve been able to raise this issue to such a prominent place in our health awareness and very optimistic that PPD may soon become less menacing to what we all hope will be a joyous time. Motherhood -- just like most other things in life -- is not always instinctive and most women need to learn how to do it well.

Congress Postpones Physician Pay Cut Until June 1: ACOG Presses for Total Repeal

On April 15, Congress passed and President Obama signed into law the Continuing Extension Act of 2010, H.R. 4851, which postponed the 21.3% Medicare physician pay cut until June 1, and reinstated payment rates to what they were on March 31.

After weeks of delay and finally overcoming recalcitrance by Senator Tom Coburn, MD (R-OK), the Senate finally passed the extension legislation, 59-38, and the House quickly approved it on a bipartisan vote of 289-112. Ob-Gyn Members of Congress Michael Burgess (R-TX) and Phil Roe (R-TN) voted for the bill and against the Medicare physician payment cut.

The Centers for Medicare & Medicaid Services (CMS) announced that March payment rates will be applied retroactively to all physician services provided to Medicare patients in April. Any April claims payments that reflected the 21.3% cut will be reprocessed automatically without any action required from physicians.
Our Campaign Continues

Thanks to all ACOG members who contacted their Senators to stop the pay cut. ACOG won’t stop until we repeal the SGR, the flawed Medicare physician payment formula that just doesn’t work. Here’s how you can help.

1. Click on our Legislative Action Center, to send an email message to your legislator; or
2. Call the Toll Free hotline set up by the American College of Surgeons and available to ACOG at 1-877-996-4464; and
3. Use our talking points here.

No time to write? Your contribution will support Ob-GynPAC’s SGR Repeal Campaign.

It’s Official: Obama Nominates Pediatrician Berwick to Head CMS

In other Medicare news, we reported last week that President Obama planned to nominate Dr. Donald Berwick of Harvard Medical School to be Administrator of the Centers for Medicare and Medicaid Services (CMS), in the Department of Health and Human Services. On Monday, the President made it official, announcing Dr. Berwick’s nomination.

A pediatrician and longtime quality care advocate, Dr. Berwick is President and CEO of the Institute for Healthcare Improvement, and a professor at Harvard Medical School and the Harvard School of Public Health. “Dr. Berwick has dedicated his career to improving outcomes for patients and providing better care at lower cost . . . one of the core missions facing our next CMS Administrator,” President Obama said.

As head of CMS, Dr. Berwick will have enormous administrative responsibilities under the new health reform law, as he confronts an expanded Medicaid program and the need to curb costs in Medicare. Read the President’s announcement here and more about Dr. Berwick’s background here.

A Big Thank You to Our March Ob-GynPAC Major Contributors

Forty-seven physicians are running for election to the US Congress. (See story below.) Your contributions to Ob-GynPAC will help us bring these individuals to Washington, where they can fight for SGR Repeal and fight for Medical Liability Reform.

All Ob-GynPAC supporters help us win these elections, and we appreciate contributions at any amount. This month, special thanks to these individuals for your generous contributions to Ob-GynPAC:
A Big Thank You to Our March Ob-GynPAC Major Contributors
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Join your colleagues in supporting our PAC’s fight to elect physicians to the US Congress. Click here to fill out and fax back your contribution form today.
1. **One Voice Against Cancer Lobby Day**  
June 16-17

The One Voice Against Cancer (OVAC) coalition will hold its annual lobby day this year on June 16-17 in Washington, DC. The coalition of over 40 organizations, including ACOG, is committed to increasing funds for cancer research, treatment and prevention programs at the National Institutes of Health, Centers for Disease Control, Health Resources and Services Administration, and the Food and Drug Administration.

The message this year: build on the momentum from the stimulus package to sustain research and programs critical to the prevention, treatment and eradication of cancer.

The lobby day will include a half day training session on June 16, and participants will meet with their Members of Congress the following day. If you have expertise or interest in gynecologic cancers and would like more information about the OVAC lobby day, or to register, visit the [OVAC website](#).

2. **More Physicians Running for Congress: ACOG Plays a Role**

There are 16 physicians in Congress today; three -- Republican Representatives Michael Burgess (TX), Phil Gingrey (GA), and Phil Roe (TN) -- are ACOG Fellows. But the number of doctors on Capitol Hill might almost triple after the November election, with 47 physicians — 6 Democrats and 41 Republicans — running for the Senate or House this year.


Chalk it up to health reform debates or pressing issues in Medicare and medical liability reform: more physicians are getting involved. So far, they have voter confidence on their side. In a March Gallup Poll, 77% of respondents said they trust physicians to do “the right thing” on health policy, compared with 32% for Republican Leaders and 49% for the Democratic President.

**Are You Next? Explore ACOG’s Candidate Classroom**

Fourteen ACOG members attended ACOG’s First Annual Candidate Classroom this year, held in Washington, DC, on February 27, the day before the 2010 Congressional Leadership Conference. Participants learned every aspect of running for office from political experts, from fundraising, polling, and grassroots support to earned and free media. Watch for future announcements about the date and location of ACOG’s 2011 Candidate Classroom.
Maternal and Child Health Announcements

1. ACOG Works with Congress to Reduce Mortality, with MOMS Initiative

In the United States, the maternal and infant mortality rate is still too high relative to other developed nations, says ACOG President Gerald F. Joseph, Jr., MD. Maternity related deaths have been reported at 13 out of every 100,000 live births, compared to the target rate of 3.3 out of every 100,000 live births established by Healthy People 2010.

“Research is critically needed to understand why our maternal and infant mortality rate remains comparatively high” notes Dr. Joseph, who recently announced ACOG’s Making Obstetrics and Maternity Safer (MOMS) Initiative to improve maternal outcomes through more research and better data. Read more about MOMS and our funding requests here.

2. Obama’s Global Health Initiative Includes Focus on Maternal and Child Health

The Obama Administration’s Global Health Initiative is a proposed six-year, $63 billion effort to address a number of health conditions around the world, including maternal and child health, family planning and reproductive health. You can read a policy brief analyzing key issues, or watch a forum webcast on the GHI, at the Kaiser Family Foundation website. The GHI “acknowledges women are the gateway to their communities,” said Kathleen Sebelius, Secretary of the Department of Health and Human Services. “Women and girls are particularly vulnerable to ill health and are comparatively underserved by health services” in many developing countries.

3. UN Launches Global Women’s Health Effort

United Nations Secretary-General Ban Ki-moon announced a Joint Action Plan to accelerate progress on maternal and newborn health. The program is launched five years before the 2015 deadline to achieve the Millennium Development Goals, eight international development goals supported by 23 international organizations and 192 countries. Goal 4 would reduce the under-age-5 child mortality rate by two-thirds between 1990 and 2015, and Goal 5 would reduce the maternal mortality rate by two-thirds.

The plan highlights the central role of women’s health in sustainable development, and links women’s rights with safe motherhood and child survival. “No woman should die bringing life into the world,” said the Secretary General. Read more on the Joint Action Plan here, and more on the Millennium Development Goals here.