Dr. Helen Kim doesn't just want us to know that one in seven new mothers and one in 10 new fathers experience potentially debilitating postpartum depression. She wants us to know what help and hope look like, because she sees it every day. A perinatal psychiatrist, Kim is director of Hennepin Healthcare's Mother-Baby Program, which offers mental health and parenting support, and has graduated 600 women and their families since 2013 with confidence and resources to be the parents they want to be. Kim’s work gains deserved high visibility later this year with completion of the 9,000-square-foot Redleaf Center for Family Healing at 6th Street and Chicago Avenue in Minneapolis. She elaborates below.

Q: You've said that we tend to focus on pregnancy up to birth, but neglect mothers' needs after birth. Tell us about the “fourth trimester.”

A: The fourth trimester draws from nursing and midwifery and includes the period after birth. It’s in this fourth trimester that families are highly vulnerable. Babies experience a crucial period of development while mothers must recover physically from pregnancy and also experience the enormous emotional and psychological transition to parenthood. Although introduced in the early 1970s, the fourth trimester has largely been overlooked by mainstream medicine, which focuses mainly on pregnancy and delivery.

Q: So it's easy to overlook possible mental health issues?

A: Some pregnant women might be screened for depression and told about the signs for postpartum depression. But once a baby is born, mothers are on their own until their 6-week postpartum check, which is something that only 50 to 60% of women attend. Overlooking the fourth trimester leaves mothers unsupported at a time when babies need them most and risk for postpartum depression is highest.

Q: What keeps women away?

A: Attending the postpartum check is a privilege that many new mothers do not have. The U.S. is the only developed country with no paid maternity leave. We also have no universal health care insurance and very limited affordable child care. All of this undermines the ability of new mothers to take care of themselves after delivery and can also keep them from well-child visits, which often occur when many working parents are unavailable. In the U.S., one out of four new mothers is back at work within two weeks after delivery.

Q: How do you know if it's postpartum depression or the more common “baby blues?”
A: If you are expecting a baby or parenting young children and struggling with intense mood or anxiety symptoms or struggling to care for your baby or other children, then please let a family member, friend or health care provider know. Or call our HopeLine (612-873-HOPE) to connect with resources or to schedule an appointment to see one of our perinatal psychiatrists or therapists. You can also call the Pregnancy and Postpartum Minnesota Helpline (612-787-7776), a 24/7 phone line, for support.

Q: I’ve heard that many pediatricians feel unqualified to deal with postpartum depression. True?

A: I think pediatricians are where obstetricians were 10 years ago — not sure about asking about postpartum depression and feeling like it is beyond their training. Yet, in 2019, the American Academy of Pediatrics began recommending screening for maternal depression at well-child visits. While this may raise awareness, struggling parents need more than screening. They also need connection to mental health and parenting support or other resources.

Q: What drove creation of the Mother-Baby Program?

A: For 14 years, we served hundreds of mothers in our women's clinic and realized that many needed more intensive mental health and parenting support. So, in 2013, we launched our Mother-Baby Program to fill this gap in Minnesota.

Q: What goes on under your roof?

A: For those with severe mental health symptoms, we have our Mother-Baby Day Hospital, where groups of pregnant and postpartum mothers come five hours a day for several weeks. For mothers who need less intensive support, we have other group-based, family or individual therapy. We also have an outpatient psychiatry and parenting clinic for those expecting a baby or parenting young children. We are honored to serve mothers from every background and have had groups with mothers who are physicians or lawyers alongside mothers who are living in a shelter. Mothers feel tremendous relief in learning that they're not alone and that they have much more in common with other mothers than they realize.

Q: How will the Redleaf Center build upon this impressive work?

A: Our mission is to save and improve lives by supporting the mental health and parenting skills of families expecting a baby or parenting young children. In addition to mental health services, the center will include the “Kitchen Table” to teach nutrition and the healing power of food, a drop-in child-care center and a beautiful space for mindfulness, yoga and other healing services. We also plan to develop programs for fathers. Collectively, we can all challenge those myths that becoming a mother or father is the happiest time of your life and that parenting comes naturally. Having a baby and parenting are stressful and enormous developmental steps that take support and ongoing learning.

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