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LETTERS

Pregnancy and childbirth: a wonder, a joy, and a minefield

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A school bus last month drove past a makeshift shrine at the Duxbury home of Lindsay Clancy, 32, who has been charged with murder in the deaths of her three children. MATTHEW J. LEE/GLOBE STAFF

Our grasp of mood disorders has advanced but not our capacity for treating them

Thank you for your ongoing coverage of perinatal mental health ([“More help sought for post-birth depression,”](#) Page A1, Jan. 29). I have been working in this field for more than 20 years, and while our understanding of perinatal mood and anxiety disorders such as postpartum depression and even psychosis has advanced, our capacity for treating those in need has not. Critical gaps in care remain.

Experience has taught us that wide-scale mental health screening, such as what the Globe recently called for in an editorial ([“Let Duxbury tragedy be a warning: Postpartum mental health care needs to be a priority,”](#) Jan. 28), is ineffective if it cannot be paired with actionable referrals for service. A [recent study](#) of pregnant women who were screened for mental health disorders demonstrated low rates of subsequent treatment, much less treatment that was effective.

We urgently need to increase capacity for easily accessible treatment while keeping costs low and quality high. One way to do this is by embracing group-based mental health support as a tool. A growing body of evidence shows that this form of care consistently reduces feelings of loneliness, anxiety, and depression and increases feelings of hope. A [2019 study](#) I published with colleagues in the journal *Midwifery* showed that this form of mental health support is particularly effective with new mothers dealing with postpartum depression.

What happened in Duxbury is undeniably tragic. Making it even more so is that it didn't have to happen.

Liz Friedman

Cofounder and CEO

GPS Group Peer Support

Northampton

Follow the lead of other nations by employing widespread home visits

Perinatal mood and anxiety disorders are on the rise. Still, what it would take to address longstanding and systemic neglect of maternal mental health eludes us, though it does not elude most industrialized nations.

Pregnancy and postpartum care that incorporates home visiting reduces and prevents maternal mental illness and child deaths. Home visitors need not all be licensed mental health care providers. We should be using trained and supervised paraprofessionals and volunteers, working in collaboration with clinicians, to offer tactical support, assessment, and care to all new parents in their own homes. Doing so would allow for more meaningful and timely screening and referral for mental illness and would address the isolation and exhaustion that almost always accompany postpartum disturbances in mental health.

We would join a humane community of nations if home visiting became part of routine perinatal care.

Lisa McElaney

Newtonville

The writer is a licensed mental health counselor and infant/early childhood mental health consultant.

Consider Britain's effective support system for mothers suffering from depression

I have been reading with shock and empathy about Lindsay Clancy, and I've been struck by the lack of help in this country for postpartum mothers. In Britain, if the mother has severe depression after giving birth, the National Health Service provides support called MBU, or Mother and Baby Units. It is like being admitted to a hospital, in that the mother and baby stay there, without any other family member, and are given a spacious room, psychiatric help, medication, and a chance to sleep undisturbed while nursing staff watch the baby. This service was a lifesaver, quite literally, for the daughter of a friend. She stayed there for three weeks, continued treatment that was tapered, and is back to her sunny self. It would be wonderful to have such places in the United States. It might have helped prevent this appalling tragedy.

Gillian Eisenhart

Natick

The writer is originally from Scotland.

State could prevent tragedies by easing barriers to care

In the wake of the devastating tragedy in which Lindsay Clancy of Duxbury is accused of strangling her three children, with [speculation that the mother of three was experiencing postpartum psychosis](#), it is vital that we reexamine the way in which Massachusetts laws remain a barrier to treatment for those with more persistent psychotic disorders.

In the article [“Clancy case raises questions on sentencing”](#) (Page A1, Feb. 1), there is a discussion as to whether she should be facing homicide charges since evidence points to postpartum mental illness. While it is true that most people with mental illness are not violent, there can be an increased risk when leaving any psychotic disorder untreated. We saw this in cases such as those of [Adam Howe](#) and [Latarsha Sanders](#).

About [half of people with serious mental illness suffer from anosognosia](#), or lack of insight, in which they don't believe they are sick and thus don't seek treatment. Are these individuals solely responsible for their crimes if our laws stand in their way of receiving timely treatment?

In many cases psychosis develops gradually; families and health care professionals recognize when individuals' conditions deteriorate, yet there are few options available to get people help until they become a danger to themselves or others. Early intervention and treatment can be lifesaving and vastly improve recovery. But in Massachusetts, instead of [widely providing](#) medically necessary intervention in the form of [assisted outpatient treatment](#), we are allowing incarceration, homelessness, repeated involuntary hospitalizations, and death.

Rather than debating whether a crime like that in which Clancy is charged deserves to be treated as a homicide, we should be focusing on how we can prevent tragedies like this from happening.

Ann Corcoran

Swampscott

The writer is a master's-level nurse and a board member with AOTNOW (Assisted Outpatient Treatment Now).

Life circumstances play a part — 1 in 3 families struggle to provide clean diapers

Continued research into medications for postpartum depression is essential ([“New medicine for postpartum depression nearing approval,”](#) Page A1, Feb. 5). The [Centers](#)

[for Disease Control and Prevention](#) named maternal mental health as the number one contributor to preventable maternal deaths in the United States.

It is equally essential to realize that the life circumstances of pregnant and parenting women play a huge role in their mental health. I was proud to participate in a [2013 study led by the Yale Child Study Center](#) that showed a strong association between maternal depression and the inability to purchase enough diapers to keep a baby clean, dry, and healthy.

In decades of supporting families as a social worker, I learned an indisputable truth: Every parent wants the best for their child. When parents cannot supply the bare minimum — a clean diaper — it can be as disastrous for their own sense of self as it is for their child's welfare. One in three US families experiences diaper need. For at least a decade, a successful intervention to help mothers and babies alike has been hiding in plain sight: Make diapers available to every family that needs them.

Joanne Samuel Goldblum

CEO

National Diaper Bank Network

New Haven

Reproductive biology is wondrous but that same science of the body can misfire

I am a reproductive psychiatrist who has spent her career studying and treating perinatal mood and anxiety disorders. I have, as the world has, been very troubled by recent events in the Boston area with the killing of three children in Duxbury.

The beautiful reproductive biology of women can create a baby who inspires awe and joy for many new mothers. Unfortunately, that same biology can also misfire, causing catastrophic consequences before and after the birth of the baby.

The grim reality is that [10 percent to 20 percent of women](#) in the United States will have a perinatal depression or anxiety disorder; [suicide is a leading cause of death in the perinatal period](#) (pregnancy through about age 12 months); about 1 out of 1,000 mothers develop postpartum psychosis; and [a mother takes her infant's life every three days in this country](#). Although excellent treatments are available, many of these maternal health problems are not being diagnosed or treated.

Yet there is hope, in that there are advancements in the science of these disorders. Besides [the development of a medicine specifically for postpartum depression that can often resolve symptoms within days](#), they include research on which biological factors cause postpartum depression; the discovery that postpartum disorders may begin earlier in pregnancy than we believed; and the finding that proactive treatment during pregnancy in women with a history of depression or bipolar disease, substance use disorders, or psychosis can be preventive.

Perhaps the most difficult problem to overcome is how we feel when mothers kill themselves or their children. To face this problem at its core is to do seemingly the impossible: to accept that these most unimaginable and horrific actions can result from biological truths.

Dr. Maureen Sayres Van Niel

Cambridge

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