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Breaking the silence: Seeking to erase the stigma around postpartum depression

By Rhianwen Watkins rwatkins@thesunchronicle.com
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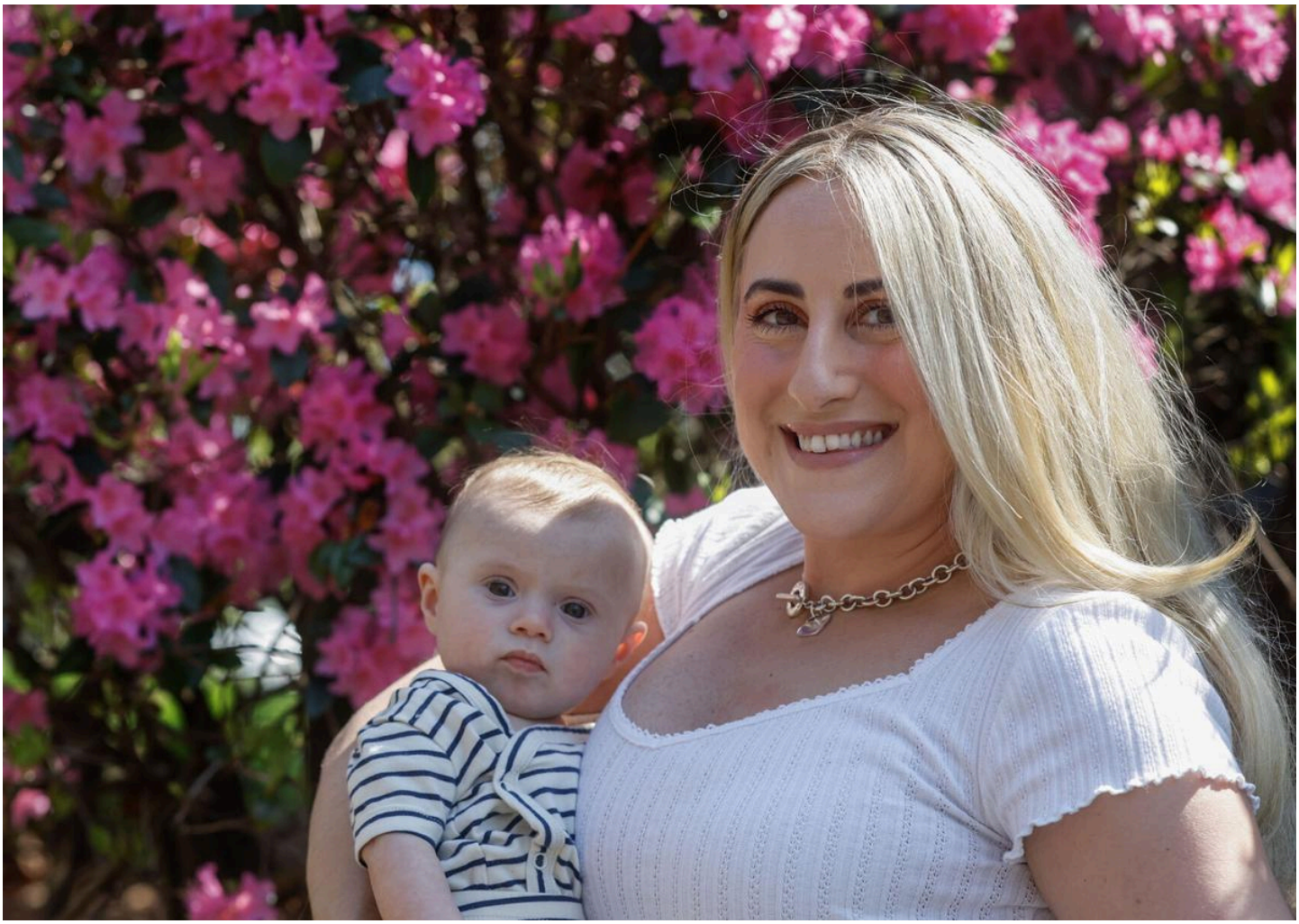

Christina Notarangelo of Attleboro experienced symptoms of postpartum depression four months after the birth of her 4 1/2-month-old daughter Raegan. “I was skating by, and then it kind of hit me all at once,” the 37-year-old said. “Every little thing was making me anxious … you worry as a mother in general, but it was becoming bigger and bigger. It was hard to get through the days, because I felt like I had this elephant on my chest … the anxiety was so overwhelming.”

Paul Connors / The Sun Chronicle

For Attleboro resident Christina Notarangelo, the first three months after giving birth to her daughter earlier this year were relatively easy, as far as the early days of parenthood go. Her pregnancy and the birth had also been without complication, she said.

Postpartum depression can impact fathers, partners, too

But at month four, things changed.

“I was skating by, and then it kind of hit me all at once,” Notarangelo, 37, said. “Every little thing was making me anxious … you worry as a mother in general, but it was becoming bigger and bigger. It was hard to get through the days, because I felt like I had this elephant on my chest … the anxiety was so overwhelming.”

What she was experiencing were symptoms of postpartum depression, a diagnosis many new moms encounter — more often than most realize.

The Policy Center for Maternal Mental Health reports 20% of women in the United States experience symptoms during pregnancy or in the perinatal and postnatal periods, and even more cases go unreported. The organization reports that up to 40% of Black and Latina mothers suffer from postpartum depression, twice the rate of their white counterparts.

Maternal Mental Health Awareness Month, held in May, began as a weeklong social media campaign organized by the Policy Center for Maternal Mental Health in 2014 to shed light on postpartum depression, anxiety and other perinatal mental health disorders. Significant stigma still exists around such diagnoses, making women reluctant to share their struggles, and gaps in mental health care for new moms and insufficient screening for symptoms mean many women go undiagnosed and, therefore, untreated.

What are PMADs?

In April, the Attleboro Public Library held an educational presentation by Sarah Baroud, a Holliston-based mental health counselor with a focus on postpartum symptoms. She is also treasurer for the Massachusetts chapter

of Postpartum Support International, a nonprofit dedicated to assisting mothers struggling with postpartum depression and anxiety, as well as their families.

Notarangelo was among those in attendance.

Baroud explained that postpartum depression falls under a larger umbrella called PMADs — perinatal mood and anxiety disorders. In addition to depression and anxiety, PMADs include postpartum obsessive-compulsive disorder, post-traumatic stress disorder, grief and psychosis, among others.

Several factors can lead to women experiencing PMADs, Baroud said.

Family history of PMADs or general mental health disorders; abrupt cessation of breastfeeding; a history of premenstrual syndrome; a history of childhood sexual abuse; fertility challenges; recent loss; lack of family support; sleep deprivation; a colicky baby; or even perfectionist tendencies are among the wide range of factors that can trigger symptoms.

Partners of new mothers can experience PMADs. Baroud said new parenthood can be stressful for everyone involved and often places temporary strain on marriages and relationships. Seeing their partner struggle emotionally after childbirth can also contribute to depression or anxiety, she said.

For new moms, symptoms can begin during pregnancy, immediately after birth because of abrupt hormonal changes, or even years later. In some cases, they persist throughout the perinatal period.

“Baby blues,” Baroud said, are common. Temporary mood swings, anxiety, irritability and breakdowns are experienced by a vast majority of women. But PMADs typically last longer and affect daily functioning more seriously.

“For example, if they’re not sleeping, if they’re not eating, if they are not interested in talking with anyone, that’s the impact on functioning,” Baroud said.

For Notarangelo, environmental factors in month four of parenthood exacerbated symptoms she had already begun experiencing. Her husband had to return to work after three and a half months off, and around that same time, her father died.

“A lot of the new changes,” she said. “I’m just trying to figure out my new norm.”

For a former patient of Baroud’s from Wellesley, who asked that her name not be used for this article, intrusive thoughts — often experienced during postpartum depression — were especially challenging.

During her first pregnancy in 2020, she said environmental stressors, including giving birth to her son at the height of the pandemic, caused significant anxiety and isolation.

After the birth of her second child, born 17 months later, the unwanted thoughts intensified.

She became tearful as she recalled telling her mother she had thoughts about harming her baby, including stabbing her with a fork or purposefully dropping her.

“I can’t believe I said these words to my mom, but I’m glad I did,” she said. “These were never things that I wanted to act on. But the thought of the thoughts in your head … I don’t think in the moment, you realize how terrible those thoughts are.”

Intrusive thoughts with themes of harm or “taboo” subject matter, though stigmatized, are common among moms with postpartum symptoms and among people with OCD, anxiety and depression.

According to the Policy Center for Maternal Mental Health, several studies have found that between 70% and 100% of mothers and their partners experience unwanted intrusive thoughts, including thoughts of harming their child. The thoughts are considered ego-dystonic, meaning they conflict with the person’s values and beliefs.

Ego-syntonic thoughts — in which acting on the thoughts feels like the “right” thing to do — can emerge during postpartum psychosis, which is considered a mental health emergency.

In January 2023, Duxbury mother Lindsay Clancy, a former labor and delivery nurse, allegedly killed her three children by strangulation before attempting suicide by jumping out a second-story window, leaving her paralyzed from the chest down. Clancy has pleaded not guilty, and her lawyers argue she experienced severe postpartum psychosis exacerbated by an inappropriate overload of medications. Her trial is set for July 30.

Gaps in care

Both Notarangelo and Baroud's former patient said flaws in the diagnostic system contributed to delays in their treatment.

At a typical six-week postpartum appointment, doctors ask new mothers to complete a questionnaire about symptoms.

Some attendees of Baroud's library presentation said they felt nervous answering honestly because of potential consequences involving their baby. Baroud acknowledged how difficult it can be to admit intrusive thoughts and other symptoms.

Notarangelo said her symptoms had not yet emerged at her six-week appointment and might have gone untreated had she not called her doctor months later.

At a recent pediatric appointment for her daughter, Notarangelo was asked to complete a similar survey.

"I'm feeling all these things like, what do they do? What about the baby? Like, do they step in? What happens?" she said, adding the outcome was actually the opposite of her concerns. "All the questions I answered honestly, and nothing came of it. (The doctor) did her appointment with the baby, talked about the baby and didn't mention the questionnaire once to me. So I think there's definitely a gap there for sure."

Baroud's former patient said attention often shifts solely to the baby after birth, leaving mothers without adequate support.

"They send you home from the hospital, and they're like, 'Here's some ice packs and a peri bottle, good luck,'" she said. She recalled waiting 45 minutes for a virtual six-week appointment during the pandemic before being asked only a few questions.

Neither woman was a patient at Sturdy Health.

Dr. Jeannine Connolly, chief of obstetrics and gynecology at Sturdy Health, who was not involved in either Norarangelo or Baroud's former patient's care, said the hospital uses the PHQ-9, a nine-question screening tool for anxiety and depression. She said some patients have expressed fear about answering honestly.

"I have had patients say they were afraid to circle things," she said. "We just have to make that conversation so common during their prenatal care and delivery and postpartum, that they're less afraid of it."

A 2025 research study by Optum, in collaboration with UnitedHealthcare and cited in the Policy Center for Maternal Mental Health's fact sheet, found that 62% of respondents reported feeling judged or treated unfairly during pregnancy or their fertility journey, particularly regarding postpartum depression, abortion and lactation needs.

Finding support

Baroud's former patient said a doula made a significant difference during her third birth.

Doulas are nonmedical professionals who provide support in hospitals and homes. They can specialize in birth or postpartum care, or both, according to Postpartum Support International.

Jodi Congdon, a Boston-based postpartum doula and lactation educator, described the role as "boots on the ground."

Postpartum doulas provide emotional support and practical assistance, including household chores, washing bottles and breast pump parts, breastfeeding guidance and infant care.

“Really, just looking at the whole picture. What is going to make your life as a new parent easier, more enjoyable?” Congdon said. “I want them to relax and bond with the baby and heal their own bodies and not have to worry about, are there enough clean forks for dinner?” she said as an example.

Baroud’s former patient described texting her doula after a difficult night.

“Shortly after we were home, we had a terrible night’s sleep, and the baby wasn’t nursing well, and I texted her in a panic that morning. She said, ‘I’ll be there in two hours,’” she recalled. “That is the level of support you need when you’re in it. Like, I don’t need an appointment next week. I just need someone physically here in two hours.”

Baroud said it can be difficult to initiate conversations about postpartum depression. Often, she said, high-achieving women who appear composed are struggling privately.

She recommends introducing the topic indirectly, such as mentioning a resource like Postpartum Support International or a therapist who specializes in working with new mothers.

Baroud said postpartum therapy combined with medication is often considered the gold standard of care, though treatment varies by individual.

PMADs are highly treatable, Baroud said.

Notarangelo and Baroud’s former patient both said medication significantly improved their recovery.

Connolly said medication is highly effective and generally safe during breastfeeding.

“No one wants to take medication because they think they should have better control over it,” Connolly said. “But it’s like diabetes or hypertension — we say all the right things, eat healthy, exercise, get sleep — and sometimes you need medication. Healthy moms have healthy babies. There are often more risks to untreated anxiety and depression.”

Though stigma remains a barrier, Baroud, Congdon, Connolly and others continue working to dismantle misconceptions.

Baroud offered a reminder used by Postpartum Support International:

“Taking care of yourself is taking care of your family,” she said. “You are not alone. You are not to blame, and with help, you will be well.”

Rhianwen Watkins