I am the director of our women's reproductive behavioral health program.

And by training, I'm a reproductive psychiatrist, which means that I take care of women that are pregnant or postpartum having any sort of mental health problem or issue with substance use.

Mood and anxiety disorders are really common in pregnant and postpartum women, so one in five women will experience a significant mood or anxiety disorder during this time.

We know this this carries a really significant morbidity and mortality, not only for mom, but also for children.

So suicide is actually one of the leading causes of death in the postpartum period for mothers.

We also know that just untreated depression in general increases the risk for things like preterm birth, low birth weight.

We also know that has a really huge impact on a child's development.

So children of moms that have postpartum depression are much more likely to have behavioral problems as they get older, academic problems in middle school, and depression themselves into adolescence.

So it's really, really critically important that we're identifying these women and getting them appropriate treatment.

ZULRESSO is the first and only FDA approved medication for the treatment of postpartum depression.

Historically, if someone came to me with postpartum depression and it was moderate to severe, we would start on antidepressant and psychotherapy.

And it would typically take me about at least six to eight weeks to get that person better.

That's a usual course for an SSRI to take hold and to start seeing an effect.

With this new medication, it's called ZULRESSO or Brexanolone, the treatment occurs over a 60 hour period as an infusion.

And we see people getting better within two and 1/2 days.

So it really is just a huge game changer in how quickly we can get women better and kind of back to

their lives and doing what they want to be doing.

People that would possibly be good candidates for this treatment are those that have started experiencing depressive symptoms either towards the end of their pregnancy or in the first four weeks following delivering.

And the symptoms that they're experiencing are moderate to severe and really impairing their functioning.

We expect to see more than a 50% reduction in people's current symptoms.

So people are more than halfway better after the infusion.

And so then people, if they are feeling better, they're back to being able to function.

And then we just want to make sure we support them after the infusion to make sure that that continues.

There's a lot of logistics with the treatment, meaning that women need to be able to come into a certified health care facility that can deliver this treatment.

And so they need to be able to come in for at least 60 hours.

It's more like 72 hours in terms of the monitoring that we do as well.

So they have to be able to spend the night in a health care facility and spend the time there.

During that treatment, they can have their children with them.

However, they cannot be the primary caretaker.

There has to be someone else that is taking care of the child.

And we do just a lot of safety monitoring.

So we are constantly monitoring pulse oximetry, so oxygen levels in people's blood.

And we're also just making sure that they're not getting overly sedated.

So someone is coming in and checking on this person regularly every two hours on the medication.

The treatment is available at MUSC.

Right now, we're in the process of working with each individual insurance company.

Since this is a new medication, there is going to be a new process and protocol for each of these insurance companies.

So we are working on that right now.