

THE **RebecCA** PROJECT

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BIBLICAL CHARACTER, THE MOTHER OF JACOB AND ESAU - SHE HAD A TWIN PREGNANCY TORMENTED AND PAINFUL, WHICH LED TO A SUCCESSFUL CONCLUSION

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THE NUMBERS OF PERINATAL DEPRESSION

550 THOUSAND ANNUALLY IN ITALY WOMAN GIVES BIRTH

5% of all women deliver 20% of children. The index of fertility is 1.26 children per woman (1.99 in France, Ireland 2.1, 1.7 Northern Europe 1.6 Eastern Europe). 31 years the average age of the mother at birth of first child (30 years in France).

50-80% OF THEM WILL DEVELOP A POSTPARTUM BLUES

a slight decline of the mood, of short duration that disappears within two weeks of birth.

70 THOUSAND WOMEN (13.5% OF THE POPULATION) DEVELOPS A SYNDROME OF PERINATAL DEPRESSION

It is a picture of full-blown depression, with a strong component of anxiety, which can begin after a few months after birth and can be the starting point of a depressive disorder that can become chronic. It is a condition that must be treated with specific drugs.

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NO DATA IN ITALY ON THE TREATMENT OF PERINATAL DEPRESSION

there are specific indicators which, in many cases, can predict already during pregnancy if the woman has a risk of developing this disease.

PERINATAL DEPRESSION MAY ADVERSELY AFFECT EMOTIONAL AND COGNITIVE DEVELOPMENT OF CHILDREN UP TO AGE 5 YEARS.

The children of depressed mothers need more assistance from the structures of primary care, receive multiple medications and are hospitalized more frequently than the children of not depressed mothers.

ABOUT 3% OF PREGNANT WOMEN (ABOUT 15 THOUSAND) ARE AFFECTED BY BIPOLAR DISORDER

These women should be treated during pregnancy, because they are already sick and the risk of relapse immediately after deliver is very high (about 20 times higher than the other women).

1,000 WOMEN EACH YEAR DEVELOP A CONDITION OF SEVERE PERINATAL DEPRESSION

Do not cooperate in treatment. In the UK there are on a regional basis of specific units of housing parent - child for dealing with such cases. In Italy there are no dedicated facilities.

EVERY YEAR ABOUT 500 WOMEN DEVELOP A PUERPERAL PSYCHOSIS

It is a particularly serious form of disease that requires immediate hospitalization in the psychiatric ward.

THE RISK OF RECURRENCE OF A PSYCHIATRIC DISEASE INCREASES 21-FOLD IN THE POSTPARTUM WEEK

THE RISK OF PSYCHIATRIC HOSPITALIZATION INCREASE 7-FOLD IN THE POSTNATAL PERIOD

23 WERE INFANTICIDE IN 2009

ABOUT 300 WERE ABANDONED CHILDREN IN GARBAGE BINS OR ROAD, ONLY SOME ARE SURVIVORS

THE PROBLEM

Post Partum Depression is a problem that "we do not want to know we do not know", to paraphrase Donald Rumsfeld (Secretary of Defense - 2002) about the war in Afghanistan

- There is not a cultural space for post partum depression.

- There is not a screening of postpartum depression and thus effective primary and secondary prevention.
- Admission to the psychiatric services of puerperas at risk of infanticide is very difficult and its legality has been challenged.
- The reliance on local psychiatric services in cases of severe postnatal depression is inefficient and does not protect either the woman or child.
- There is a prejudice against psychiatric intervention.

THE MOTHER IS THE SENSITIVE JUNCTION OF REPRODUCTION PROCESS THAT INVOLVES THE WHOLE FAMILY

- It is a cultural problem still unknown to most of the operators and the public.
- Today many European countries boast many successful projects in this area.

IT NEEDS TO

- Provide a safety net for mothers and infants
- Reconstruct a culture of procreation
- Build a project to intervene in support of procreation based on ethical principles - anthropological
- Define clear and reliable procedures for mothers and families in difficulty
- Build a network of relationships to support the family

THE REBECCA PROJECT ESPOUSES THESE PROBLEMS WITH THE FOLLOWING OBJECTIVES

- Create a debate in the scientific and institutional environments to develop the culture to issues of procreation and the role of the family as a whole.
- Pay attention to the relationship between mother – child in the perinatal period as a condition for the achievement of full vitality of the child.
- Define the ethical assumptions of the mother – child relationship in the perinatal period.
- Protecting the relationship between mother – child in the perinatal period with specific attention to medical and psychological aspects.
- Encourage the creation of a specific section of the Italian Society of Psychiatry devoted to Perinatal Psychiatry.
- Make a clear plan of action against the refusal of the child and towards the protection from infanticide.
- Establish specific procedures for protecting the various actors in the process of procreation, which are a clear guide to the institutions concerned.
- Develop a specific project to support the family during the perinatal period, through the creation of a social network.

THE CULTURAL MODEL OF REFERENCE OF THE REBECCA PROJECT

POSTNATAL DEPRESSION, IN TODAY'S CULTURE IS SEEN AS A GUILTY WEAKNESS OF THE MOTHER

Screening for postnatal depression is a procedure difficult to perform and does not provide results unreliable.

The prevention of depression is, in the current organization, the responsibility of the psychiatrist or psychologist.

The fear of the stigma sends the mothers away from the potential help because the woman who claims to be depressed is left alone to carry this burden and risks being labeled as sick or incapacitated, even for a lifetime.

PROCREATION IS A COMPLEX PROCESS THAT DOES NOT END WITH THE BIRTH OF A CHILD

The intellectual life of man has a prevalent value on the simple biological life. To foster the development of the brain, natural selection has determined that the pregnancy ends before the complete maturation of the fetus, which would otherwise occur after 20-24 months of gestation. A fully mature fetus would have a brain and a skull too large to commit the birth canal. The mother is then given the task of ensuring the attainment of full biological maturity of the newborn by means of a special report that deals with the early life of the child. The task of the mother is not simply the care, but also in creating an existential space for the new born where he can be accepted. The inclusion of the child in a world that is culturally and intellectually complex and demanding, requires lots of energy and mental resources and relationships, that first, the mother is called to bear. She herself is the link between the social system and the new born. This operation is the expression of the organization of the entire family system that concentrates all its resources on supporting the mother. The main actor in the process of procreation is, in fact, the family as a whole, where the family includes not only the triad mother - father - son, but also other roles to it intrinsic (sisters, brothers, grandparents, uncles).

Recent changes in society have modified greatly the functioning of the family and have increased the loneliness and the internal tension of the mother, torn between the changing role of women, where procreation is no longer a priority, and the traditional family. When the mother is alone in the family, the task of integration of the new born becomes far more burdensome. If the family is no longer the central polarity of society, this exposes the mother to depression.

The single parent family has shown its limits in the French cultural and educational experience, where the subsidy paid to the mother, regardless of the existence of a family institution, has led to the absurd result that 7.5 million young French people do not know their father.

If the process of integration of the new born family fails, the mother develops a condition that is called post partum depression: she begins to sense a growing feeling of inadequacy and anxiety and intrusive thoughts of rejection towards the child emerge inside her. This may be the prelude to a true depressive illness and also to very painful behaviors of rejection of her child or of herself. The temptation of the infanticide is a possible consequence of the failure of the process, in which the mother cannot be left alone.

There are cases where the process fails because the mother was already ill, but many others are the expression of an overload of the healthy mother who decompensates in front of a burden too heavy for her.

The Rebecca project aims to create a system of family support and mothers be able to identify early any difficult conditions, which can lead to depression, and to intervene with a network system.

ETHICAL PROBLEMS OF PERINATAL PSYCHIATRY

THE FAMILY RESOURCE IRREPLACEABLE

Today we read everywhere of family crisis. But the family is in crisis. It's just put in difficulty by a social system and by a state that do not place it at the core of their interests. The family, in fact, is a structural requirement of the human beings, an anthropological structure of acquisition of the identity of each subject through the biological constraints and symbolic familiarity. As a size co-essential to the acquisition of human identity, it can be put in difficulty, but it always remains as a point of reference, as an irreplaceable resource of energy and human capital, as a public and private responsible entity. In the name of this responsibility, which characterizes intrinsically, and a genuine principle of subsidiarity, the family must be able to ask for help the State when it is in difficulties.

The procreative process and motherhood are the two original dimensions of the family that govern the structuring of roles (mother, father, son) and the identities of its members and deserve, as such, attention and investment of resources by the State (Article 31 of Italian Constitution).

In particular, in a genuinely subsidiary perspective of civil society, it is now more than ever necessary to put aside the approach system of aids to the family welfare (which tends to make a taxable person who, when possible, receives help from above) and to prefer for a promotional approach, which is able to "restart" the family system in the face of difficulties and needs. The family cannot be passive recipient of benefits, but must be an active part of a process aid in a "network" to support family from outside and bring it to be more cohesive and strengthened in inside, making her exit from the situation of need. In the promotional perspective, therefore, the resources made available by the authorities and by the state (professional, policies, resources, facilities) must be synergic with the capacities and capabilities of families in receipt of the interventions. Only in this way, in fact, the difficulties can be not only overcome, but resolved by returning to the family as a responsible entity for its role in society.

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PREVENTION OF INTRAFAMILIAL STIGMA OF PERINATAL DEPRESSION

The primary stigma of perinatal depression is intra-family, because a woman who claims to be depressed, unable as a mother and even with feelings of rejection towards the child exposes herself to the negative judgment and to the stigma of her husband and that can affect the family relationship for all life.

The natural primary objective of the husband is to defend his son, while the care of his wife may have marginal significance for him. This is the main reason why the woman does not speak of her depression and why the perinatal depression is a cultural taboo. Even today, the inability to procreate has as a result the repudiation of his wife, in many cultures.

The other members of the family have a crucial role because they can lighten the workload of the mother and share the emotional problems, helping the mother to confide her problems. Support and sharing, in fact, are the primary means of prevention of stigma.

The statement that the woman's depression could be due to the lack of help from the husband and lack of education of man to a share of the parental role, captures only one aspect of reality. Often depression is the result of an dysfunctional alliance between husband and wife, but her husband cannot simply replace his wife in distress. The central role of the mother cannot be subtracted to her. In fact the simple substitution of parents seems to conflict with the nature of the family, as the expression of an exclusive alliance made up of man and woman, based on specific roles and responsibilities, particularly with regard to procreation. A different type of alliance, in which the roles are undifferentiated, cannot be defined family.

Primary goal of treatment is to defend the covenant marriage, intervening where possible for man to take an active role in collaborative and co-responsibility of procreation, but also avoiding the sanction of the failure of a woman or even worse, her right to a depressive existence as cultural choice. The Perinatal depression can cause a deep breach of the covenant marriage, which can be remedied only by helping the woman to recall the centrality of its role in procreation and putting her husband in a position to support his wife without losing confidence in her.

The medical treatment of depression must then be performed as much as possible, in a reserved and personal space, result of the relationship between the mother and the psychiatrist, distinguished from the support to couples and families that uses mainly psycho-educational tools. Self-declaration of the woman as a depressed mother is to be avoided.

The consequence of the primary stigma and the difficulty of the mother to seek help, call for an effective and systematic approach to screening for depression to intervene when necessary.

The Secondary stigma resulting from the relationship with the psychiatrist is surely less important than the primary, but must be limited, making competent medical figures familiar to the mother to conduct a psychiatric evaluation of the first level.

The psychiatric intervention of second level is a key resource to ensure full recovery of the mother and protect the right of the newborn.

CARE OF PERINATAL DEPRESSION AND ROLE GUARANTEE OF THE STATE

Since procreation is a complex process that does not end with the birth of a child and involving the entire family, the perinatal depression of the mother leads to a specific condition where an explicit request of health that can activate a mechanism care may be not made. The mother may not recognize her condition of illness and her family may also be unaware of her condition. Infant son, who is in a position to suffer the consequences with particular intensity in the mother's illness, is unable to express a valid request for help.

The mother has the right to be subsidized in her parental relationship and, if necessary, cured as appropriate in the context in which she lives, and the child must also be protected in its full right of access to a life full and complete.

This implies that the health system must act with effective procedures for primary (screening) and secondary prevention to ensure the mother and the whole family a proper offer of health.

THE MOTHER SHOULD BE INFORMED ABOUT HER SPECIAL CONDITION AND THE ENTIRE FAMILY MUST BE INVOLVED IN PSYCHO EDUCATIONAL¹ PLAN AND POSSIBLE TREATMENT.

The state must assume the role of guardian of the infant by supporting the health of the mother and the family, until the completion of the developmental stage.

It then defines the concept of perinatal psychiatry as a treatment of the mother - child in childhood and family support, to ensure the full rights of the infant to a full and integral development of his person.

since many years The United Kingdom has built an effective network of assistance which is based on this cultural model.

IF THE MOTHER IS SUFFERING FROM A MENTAL ILLNESS, THE RELATIONSHIP BETWEEN MOTHER AND CHILD IS THEREFORE THE OBJECT OF THE CARE WHICH THE STATE MUST ENSURE, EVEN IN THE ABSENCE OF AN EXPLICIT DEMAND FOR HEALTH.

The Perinatal psychiatry has different characteristics from pathological point of view, both from the child psychiatry, and from adult psychiatry, and requires a specific approach that cannot be based only on explicit request of health, because the state must interpret the need of the newborn even if not explicitated and protect him.

The current organization is absolutely inadequate and institutions must assume as essential the structuring of an effective perinatal psychiatry as a primary protection for the reproductive process in its entirety.

IN PARTICULAR, THE MAKING OF AN EFFECTIVE SCREENING OF POSTNATAL DEPRESSION APPEARS TO BE THE PRIMARY AND ESSENTIAL CONDITION TO PROTECT THE BABY IN HIS RIGHTS, WHICH

¹ The psycho education is a training course that allows you to get some psychological mechanisms that support emotional and relational problems and get information and instructions to prevent or deal with them effectively

MUST BE ACCOMPANIED BY AN APPROPRIATE PSYCHO-EDUCATION INTERVENTION FOR THE MOTHER AND FAMILY.

The limitation on the privacy of the mother in a very delicate stage of her life must be limited to the minimum value according to the ethic prevalence of the right of the child.

THE SICK MOTHER AND HER RIGHT NOT TO CARE HERSELF

In Italy, about a thousand mothers each year, they need special support because their condition is too severely depressed and their ability to adhere to a treatment plan is insufficient.

IN THESE CASES IT CREATES A DEEP CONFLICT OF INTERESTS BETWEEN THE PRIMARY LAW OF THE INFANT TO REACH THE FULLNESS OF HIS LIFE, WHICH MUST BE SECURED FIRST FROM THE MOTHER AND THE MOTHER'S RIGHT NOT TO CURE HERSELF.

The mother's right not to cure herself compresses the child in a limited life, it seriously compromises his normal physical and mental development and even endangers his life.

The primary objective is to get the full cooperation of the mother and the family to care project, with all the available resources.

If the sick mother does not accept to cure herself, despite the implementation of all health and psycho educational aids, it results a condition incompatible with the child's life.

THE RIGHT TO LIFE WITHOUT THE CARE OF THE SICK MOTHER CANNOT LIMIT THE RIGHT TO THE LIFE AND TO THE FULL INTEGRATION OF THE CHILD.

When the situation arose that the mother may show behavior potentially dangerous to the baby, due to an illness that limits her ability to make a project compatible with the procreation, it is necessary to invoke the procedures for protection of the law 180 to force the mother to cure herself, even if her mental state does not alter the terms of her mere existence as a person.

The concept of procreation should be extended to the first three years of a child's life, the period usually defined as the age of development, in which the newborn depends on the mother for the achievement of her full capabilities as a person.

Subject to all the warranty conditions for the newborn under the current law, the mere right to refuse treatment cannot be guaranteed to the sick mother, without seriously compromising the right of the child.

THE RESULTS IN THE INTERPRETATION OF EXISTING RULES AS FOLLOWS

IN THE PRESENCE OF A MENTAL ILLNESS OF HER MOTHER, AN COMPULSORY MEDICAL TREATMENT MUST BE IMPLEMENTED WHEN THERE IS A RISK OF PHYSICAL INJURY TO THE NEWBORN.

The relationship between mother - child must be protected in the appropriate forms and the cooperation of the mother and the family must be sought as a priority in order to enhance the resources within the family, to minimize any form of compression of the right of the mother.

The decision to implement a mandatory treatment as a priority, certainly does not contemplate the segregation of the mother in a psychiatric ward. The mandatory medical treatment at home, already foreseen in the current law, appears to be the model that guarantees more the two entities and the whole family.

Their problem is well known from the scientific point of view and in the United Kingdom has been solved by creating units of hospitalization mother - child, on a regional basis.

The achievable model is to send a team of nurses at home mom's that supports her and her family during the entire day for a period of time sufficient to stabilize her condition and get a good collaboration.

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THE TREATMENT IN THE ENVIRONMENT IN WHICH THE RELATIONSHIP TAKES PLACE NORMALLY IS THE SOLUTION OF CHOICE.

The compulsory treatment is a concept that regards the report as a whole and also imposes on the institutions responsible for the care the fulfillment of this basic criterion.

In the absence of this interpretation it can verify the fact that the first significant symptom of disease severity of the mother - the child is her mother's act of violence or even the infanticide.

The significance of the compulsory treatment in the prevention of child protection thus assumes a prevailing ethical value on the limitation of personal freedom of his mother.

THE RIGHT OF THE SICK MOTHER TO BE SUPPORTED

The mother who fails to cooperate actively in the care may have an additional aid that the state can provide.

The administration support provided by Law No. 6 / 2004, appears as a useful tool in ensuring the full recovery of the sick mother's health, including protecting the rights of the newborn.

The administrator of support can usefully be indicated for women of the family, particularly among those who have competence as mothers.

THE PROTECTION OF THE STATE OF THE NEWBORN

THE INFORMATION TO THE MOTHER AND THE FAMILY

The mother as a sensitive junction of process of procreation that involves the entire family.

The responsibility for the mother to enjoy good health to ensure the fundamental rights of the infant to achieve full physical and mental capabilities.

The right to prevention of primary stigma of the perinatal depression within the family

THE SCREENING OF DEPRESSION

The mother's right to know her state of health in an objective manner.

The right to hold the leading role of the care of her health.

The right to receive a screening program and its repetition in a easy context.

The right to receive a first level of screening by medical figures familiar to women (gynecologists, general practitioner, pediatrician), maintaining psychiatry only as a second level resource

THE PSYCHO EDUCATION

The right of the mother and the family to have context-sensitive information, to have accurate information and explanation of her condition and the opportunities to be helped and supported.

THE PSYCHIATRIC EVALUATION

The right to an appropriate second level psychiatric assessment and to express the rating of its effectiveness.

THE TREATMENT SYSTEM IN A NETWORK

The right to have access to all available resources to their status within a network system.

The right to be treated in a private space that ensures the privacy and defends her from being stigmatized.

compulsory

THE HOME SUPPORT TO FAMILIES IN NEED (COMPULSORY TREATMENT OUT OF THE HOSPITAL)

The right to have, in serious cases, a family support home care, that helps to ensure help and protection during the entire day, until the stabilization of the clinical picture, to guard against any risk to the baby.

THE ADMINISTRATIVE SUPPORT FOR THE MOTHER IN NEED OF HELP

The right to take advantage of a director of support in cases of illness in which the mother is unable to cooperate effectively to cure herself, preferably chosen from among the mother women of the family.

THE INNOVATIONS OF THE REBECCA PROJECT

- The concept of postnatal depression is defined as a symptom of a critical part of the process of procreation, but affecting the whole family, occurs in the mother that is the more sensitive junction of the system.
- The family psycho education focuses on the value of responsibility of the entire family to support the process of procreation
- The psycho education of the mother as a crucial commitment to the care of her health to ensure full physical and mental development of the child.
- The subsidiarity of the state is defined as protection of fundamental rights to equal opportunities in the newborn.
- The perinatal depression is dealt by dividing women into two distinct subgroups: women who have a problem of disease, healthy women who are faced with too heavy a workload that decompensate them.
- The assessment of depression becomes a standardized self-assessment procedure, in which the woman is the protagonist.
- The woman at risk adheres to a psycho education specific project to her condition and receives clear instructions of behavior, she is not labeled as diseased.
- The medical professionals closer to the woman (gynecologist, pediatrician, family doctor) are made responsible for assessing any potential risk of disease, using a specific tool that enables them to effectively carry out primary and secondary prevention and put them in the condition to access the network system in a timely manner.
- The alliance between mothers and doctors makes the performing of the screening a pleasant, non-stigmatizing, effective and repeatable process.
- The intervention of the psychiatrist is limited to cases which are genuinely necessary.
- The psychiatrist takes over the role of perinatal psychiatrist, whose objective is to ensure the proper relationship between mother - child and the family support. He activates all the resources available to the mother and family in need, coordinating the involvement of various professional and voluntary organizations.
- The woman is in a position to directly access information, dealing with other moms, gets advice from experts, clearly aware of the resources available in her state, makes a precise assess of the rating of the intervention carried out by each professional.
- The family as an institution is returned to the central role in the process of procreation, noting the profound functional diversity with the single parent family. The simple aid to the mother does not alter the fragility of its role, without a family that supports her, remains weak and largely dysfunctional.
- It is built an effective network of relationships between the main actors in the process of procreation (mom, family, institutions, associations, social agencies).

THE SOCIETY MUST RETURN TO DEVELOP

PERINATAL DEPRESSION IS STILL A PROBLEM THAT "WE DON'T WANT TO KNOW WE DO NOT KNOW"?

"No question is so difficult to answer as that to which the answer is obvious" George Bernard Shaw

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The Perinatal depression is dangerous for the process of procreation, affects the social image of the mother and exposes to the stigma. So it is convenient for the social system to hide this weakness.

The cultural resistance to addressing the problem should be seen as a sign to be interpreted and not a manifestation of irrational prejudice. The taboo of ignoring the problem helps to firmly defend the social balance of procreation.

STRATEGIC VISION OF THE REBECCA PROJECT, OFFERS AN EXPLANATION FOR PASS BY THIS STANDING

MAKE ROOM FOR NEW CHILDREN IS ALWAYS MORE EXPENSIVE

The development of a society requires a fertility rate of at least 2.4 children per woman. Today in Italy the rate is around 1.3 children per woman. No society has returned to grow after it dropped below 1.8 children per woman.

The process of procreation is increasingly concentrated on a very small number of children and it increases the risk of failure. The couples come much older and less vital to procreate. The motivation for the procreation is much lower because the children are not a functional necessity of parents, as was the case until a few decades ago, but the conquest of a social status of fulfillment.

The transmission of the culture of procreation has been greatly impoverished by the sharp decline in communication within the family system and by the strong age distance between generations. The polarity of life has shifted from the family house to house work.

If the extended family falls below the number of components that represent the critical mass, the loneliness increases dramatically, partly as a result of the increased distance and travel time.

Loneliness, old age, lack of education, make the process of procreation a process at high risk.

The family as an institution is significantly depleted of contents and tools of law, because the protection of children is less important in a Society with a low rate of procreation. The consequence is the decline of marriage as an institution, and this increases the complexity of protection of the rights of children.

The Society always requires more economic and psychic resources to make room for new born in a high-culture and high welfare environment. The children of low-cost and low culture are a source of development that radically changes the society, which eventually settles on models of organization much less culturally advanced.

To boost development, it is necessary to reduce the social cost of children to high culture, increasing the efficiency of procreation.

THE CHALLENGE FOR RETURN THE SOCIETY TO DEVELOP IS TO MAKE ROOM TO CHILDREN WITH LOW COST AND HIGH CULTURE

Bioethics offers options on the definition of fundamental rights of the infant in the stage of development.

The social science capable of intercepting the discomfort can gain a strategic role, able to think and to contribute to the future of society.

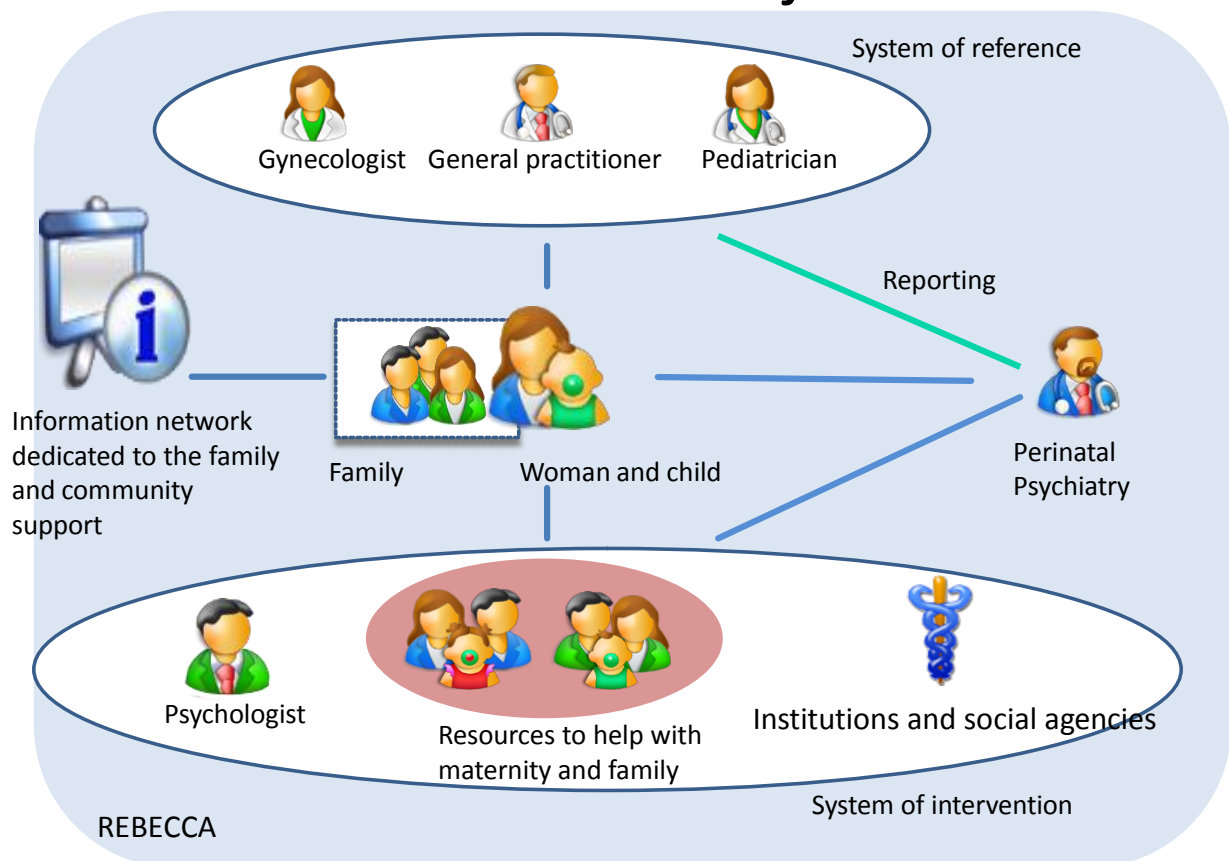
THE ONLY WAY TO CHANGE THE COURSE OF THE PROCESS OF PROCREATION, WHICH APPEARS OTHERWISE MARKED, IS TO INCREASE THE CIRCULATION OF INFORMATION AND CULTURE OF PROCREATION, INCREASING WITH NEW TECHNOLOGY RESOURCES THE SUPPORT TO THE FAMILY AND TO THE PROCREATIVE PROCESS.

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THE REBECCA PROJECT IS A SUPPORT SYSTEM IN THE PROCESS OF PROCREATION OF THE FAMILY, BASED ON A NETWORK STRUCTURE, WITH A STRONG AMPLIFICATION OF THE COMMUNICATION OF THE CULTURE OF PROCREATION, BY USING AN ADVANCED TECHNOLOGY

The ability to intercept the discomfort of procreation, to keep the mother can manage her health, to offer complete and timely resources to her and allow a clear assessment of the degree of rating, offers a whole new perspective to support the family

The Rebecca Project



STEP 1 DISCUSSION ON BIOETHICS

PRESENTATION TO THE NATIONAL BIOETHICS COMMITTEE OF THE FUNDAMENTAL DOCUMENT ON PERINATAL DEPRESSION

PHASE 2 THE CREATION OF A NETWORK TO SUPPORT THE MOTHER AND THE FAMILY

RECOGNIZING OF THE WEB RESOURCES

RELEVANT PLAYERS DECLARING THEIR READINESS TO BE CONCERNED WITH SUCH PROBLEMS

CHARACTERS THAT HAVE A SIGNIFICANT CULTURAL ROLE IN THE SOCIETY AND THAT CAN OFFER THEIR CONTRIBUTION

ACTIVATION OF THE NETWORK

ACTIVATION OF SCREENING ON THE NET IN COOPERATION WITH GYNECOLOGISTS, PEDIATRICIANS AND GENERAL PRACTITIONERS

ACTIVATION OF THE INFORMATION PORTAL

ESSENTIAL REFERENCES

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ABOUT THE RELATIONAL STRUCTURE OF THE FAMILY

Pierpaolo Donati

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ABOUT THE SOCIAL COSTS OF THE PROCREATION

Pierpaolo Donati

Il costo dei figli. Quale welfare per le famiglie?

Franco Angeli, Milano 2010

ABOUT THE NETWORK STRUCTURE FOR THE SUPPORT TO THE FAMILY

Jan Schroeder

Wirkungsorientierung: Sozial und Gesellschaftspolitik gemeinsam gestalten

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