Maternal Mental Health
A National Landscape Review

National Academies
Public Information Gathering
Committee on Understanding Breastfeeding Across the U.S.

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POLICY CENTER FOR Maternal Mental Health

The Term We Use

Why Maternal Mental Health?

Postpartum Depression (PPD)- Researched First

- Onset of new disorders in pregnancy, pre -existing untreated depression
- Not Accurate as an Umbrella Term -“Do No Harm”

Perinatal Mood and Anxiety Disorders- Used by Clinicians

- “P**MAD**” has become a no -no

Maternal Mental Health / MMH Disorders

- Easy for non-clinicians to understand
- Leaves no disorder or time period out
- Hopeful

Did you Know?

- Women in their childbearing years account for the largest group of Americans with depression.
- Depression and anxiety is skyrocketing in girls.
- Maternal depression is the most common complication of childbirth.
- Suicide and overdose are the leading cause of pregnancy-related maternal mortality
- Undiagnosed depression/anxiety is a leading cause of preterm birth
- There are as many new cases of mothers suffering from maternal depression each year as women diagnosed with breast cancer.
- MMH Disorders largely go undiagnosed and untreated

Disorders

Pregnancy and Postpartum Depression

Up to 20% of women experience clinical perinatal depression

27% prior to pregnancy
33% during pregnancy
40% in the postpartum

PD is a Major Depressive Disorder with onset during pregnancy or within 4 weeks of birth though in practice it is applied to depression occurring within the first year from birth.

- Symptoms can range from mild to severe
- Mothers with pre-existing depression prior to or during pregnancy are more likely to experience postpartum depression.
- Symptoms generally include sadness, trouble concentrating, sleep disturbance, difficulty finding joy in activities once enjoyed, and difficulty bonding with the baby.

Disorders

Up to fifteen percent (15%) of women will develop perinatal anxiety

- Anxiety is treatable during pregnancy and postpartum.
- Symptoms often include restlessness, racing heartbeat, inability to sleep, extreme worry about the “what if’s” - like what if my baby experiences SIDS, what if my baby falls, what if my baby has autism, etc.; extreme worry about not being a good parent/being able to provide for her family.

MMH Disorders

Risk Factors

- A history of prior psychiatric disorders increases a woman's risk of developing a maternal mental health disorder.[8]
- Those living in poverty suffer postpartum depression (PPD) at double the rates of those who don't live in poverty.[9]

- With a greater number of women unable to terminate unplanned pregnancies, rates of depression and anxiety are expected to rise significantly.

Disparities

- People of color have an increased risk for maternal mental health disorders, like depression:
  - Up to 30% of American Indians & Alaskan Natives suffer from PPD[10]
  - Up to 40% of Black and Latina moms suffer from PPD, twice the rate of their White counterparts[11]
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women.[12]
- Gen Z is more than twice as likely as Boomers to suffer from a mental health disorder.[13]

Evidence-Based Treatment

- Psychotherapy, such as cognitive behavioral therapy (CBT) (6 sessions)
- Medication, including PPD specific Zulresso (Zurzuvae)
- Meditation
- Omega 3s, Folic Acid & Vitamin D3
- Yoga and/or other exercise
- Improve Sleep
- Hospital inpatient/outpatient MMH program

Detection

- Screening is the process used to detect mental health disorders. It consists of a questionnaire used to understand if/what symptoms exist.
- Though awareness and federal efforts have been increasing, less than 20% of women are screened for MMH disorders.[14]
- Less than 15% of women receive treatment for maternal depression:[7]
  - 15% receive treatment for postpartum depression
  - 13% receive treatment for depression during pregnancy
  - Less than 9% receive adequate treatment

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ISSUE BRIEF

Universal Screening for Maternal Mental Health Disorders

Introduction

Maternal mental health (MMH) disorders, like postpartum depression, are the most common complication of pregnancy and childbirth, affecting on average, 1 in 5 mothers.[1] Rates are higher among those facing economic challenges and among certain racial groups. For example, rates of maternal depression are more than doubled for Black than White mothers.[2] When left untreated, these disorders can cause devastating consequences for the mother, the baby, family, and society. Many people, including health care providers, are not familiar with the signs and symptoms of these disorders, to easily recognize an MMH disorder. With the incidence of MMH disorders on the rise, it is even more critical that these disorders are detected and treated.[3] The use of research-validated screening tools (questionnaires) to identify those who may be suffering, are now universally recommended. However, because of several complicating factors, screening has not been universally implemented.[4]

What is Universal Screening?

'Universal screening' is the systematic administration of an assessment. In the case of maternal mental health screening, universal screening involves the healthcare system implementing standardized protocols and systems to screen all who are pregnant or in the postpartum period.

Why Screen?

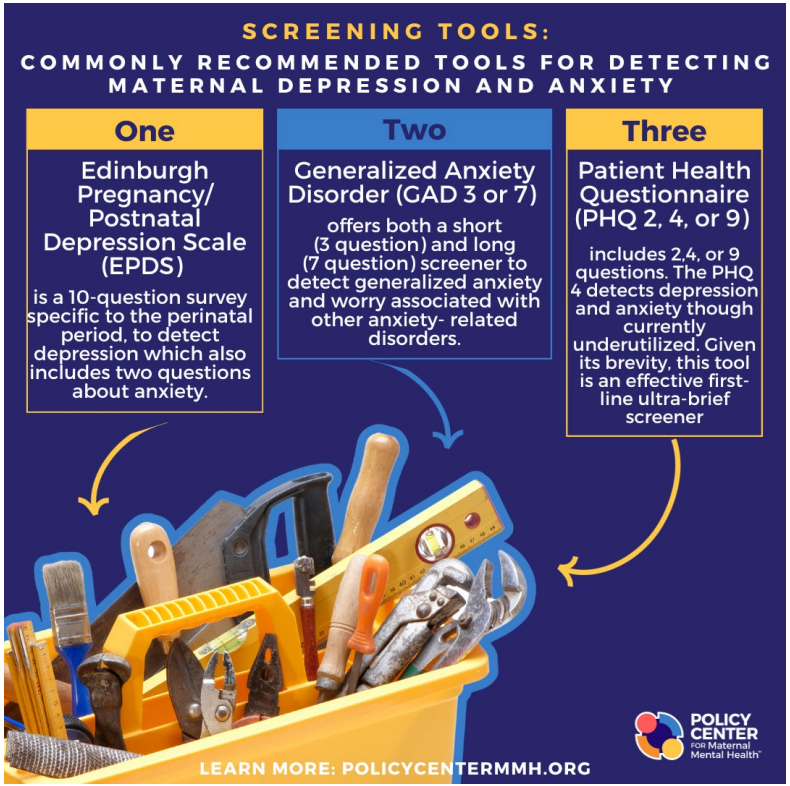
Screening can increase the identification of those who are at risk for MMH disorders and those who are currently suffering. Screening is the first step to identifying a problem so mothers can receive treatment and care to reduce adverse maternal and infant outcomes.[5]

Additionally, screening provides an opportunity for health care providers to:

- indicate that these disorders are common and treatable
- inform mothers of the signs and symptoms
- identify those at risk
- share that these disorders are often preventable with the right support
- note that early detection is important for the health of the mother and baby

Universal Screening for Maternal Mental Health Disorders 1

Screening Tools



Screening Tools for Diverse Populations

- Brief Pregnancy Experience Scale (PES)
- Perceived Prenatal Maternal Stress Scale (PPMSS)
- Tilburg Pregnancy Distress Scale (TPDS)
- Pittsburg Sleep Index

1. 2020 Mom. (2022, March). Universal screening for maternal mental health disorders. 2020 Mom. Retrieved September 2022, from https://www.issuelab.org/resources/40013/40013.pdf.NAMI. (n.d.). *Black/African American*.

Screening Frequency and Timing Recommendations

ACOG — The American College of Obstetricians and Gynecologists

1-2x
- during the perinatal period
- at the comprehensive postpartum visit

American Psychiatric Association Foundation

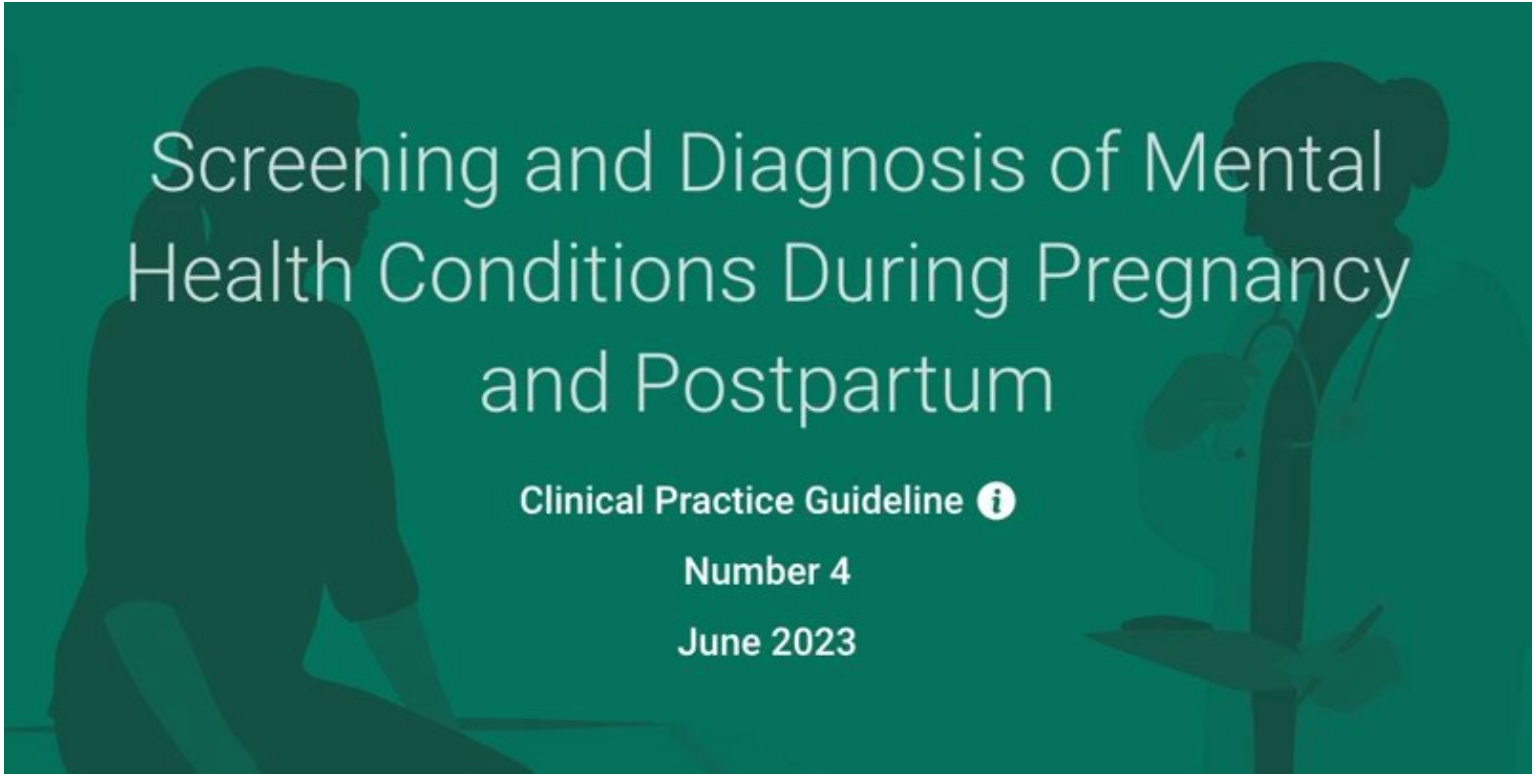
2x
- during pregnancy

4x
- postpartum
- at 1, 2, 4 month well-child visit

PSI — Postpartum Support International

8x
- 1st prenatal visit
- 2nd trimester
- 3rd trimester
- 6 week postpartum
- 6 &/or 12 month OB & primary care
- 3, 9, 12-mo pediatric well-child visits

ACOG's Clinical Practice Guidelines



www.2020mom.org/blog/2023/8/15/the-first-clinical-practice-guideline-released-by-acog-what-is-the-aim-bundle

Alliance for Innovation on Maternal Health

A HRSA quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

Obtain individual/family mental health history at intake & Screen for:

- **Depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits, ideally including pediatric well-child visits.**
- Bipolar disorder before initiating pharma.
- Structural and social drivers of health that may impact clinical recommendations or treatment plans and provide linkage to resources.
- Activate an immediate suicide risk assessment/response protocol as indicated for suicidal ideation, significant risk of harm to self/others, or psychosis.

Screening Tools & Risk/Prevention Screener

USPSTF Prevention Screener

According to the United States Preventive Services Task Force, women who are at risk for maternal depression should be identified and referred for Cognitive Behavioral Therapy or Interpersonal Behavioral Therapy, the only prevention options that were identified as evidence based.

Visit the U.S. Preventive Services Task Force's Perinatal Depression: Preventive Interventions webpage: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/perinatal-depression-preventive-interventions

Maternal Depression Risk Assessment

Single relationship status	Yes	No
Adolescent	Yes	No
Low income	Yes	No

www.2020mom.org/prevention - and-support-screening-tools

Meet Jessica

"African Americans often feel we are being judged by outsiders, particularly people in authority like doctors. A doctor can't know us unless they talk to us about life, and express a genuine interest. If they are just paper pushing, asking required questions it will never happen.

I didn't ask for help from any health care professionals. I got through my depression on my own, by listening to music."

Mother of 7

Meet Raul

"We lost Kelly too soon. We didn't know she was at risk. If only we had known we could have prepared. The breastfeeding pressure was relentless, she wanted to be a good mom. She needed sleep.
I knew she wasn't doing well. I tried to find ECT but it wasn't available in any of the hospitals I called. Now it's just me and our baby."

Our Recommendations for Screening Frequency

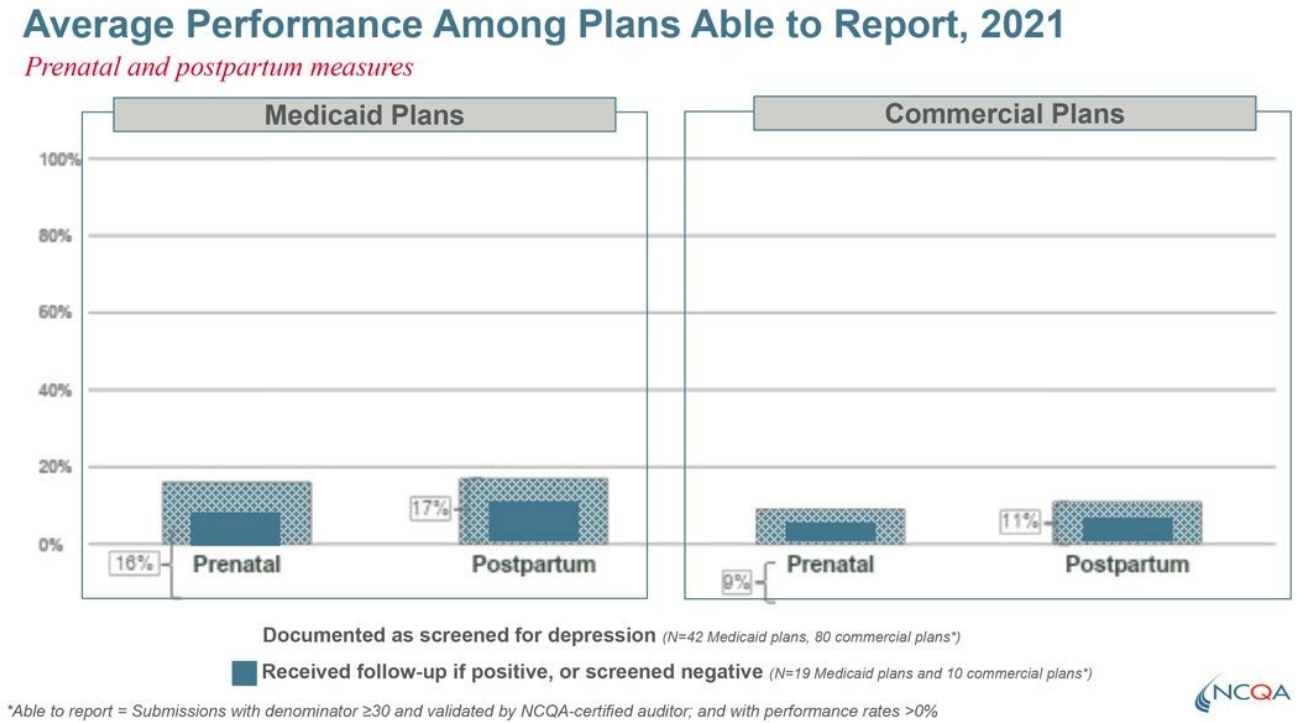
At a minimum, based on recommendations from various professional provider associations and in conjunction with the HEDIS measures, The Policy Center recommends these screening intervals:

During Pregnancy: At least once, ideally late in the first trimester or early in the second trimester

In the Postpartum Period: At least once, at the six week obstetric postpartum visit and ideally at least one additional time through the first year of birth

30 Days After an Initial Positive Screen: "Measurement Based Care"

HEDIS Results

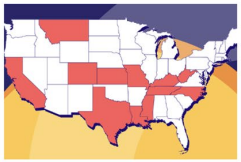


Less than 20% of patients were screened

The Medicaid Screening and follow rates were 16% during pregnancy and 17% in the postpartum period.

For private insurers, screening rates were lower, at 9% during pregnancy and 11% in the postpartum.

Federal Policy

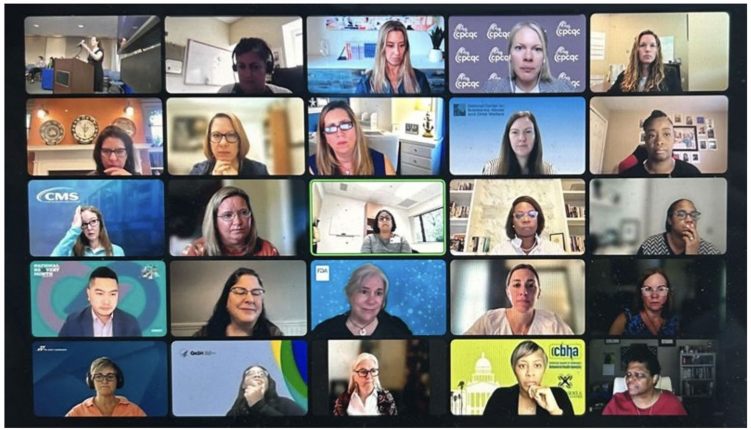


States Receive Additional Funding from HRSA to Address Maternal Mental Health

In October 2023, the Federal Health Resource and Services Administration (HRSA) announced the release of millions of dollars of investments into maternal health care. This included announcing the second round of funding for state maternal mental health programs. This funding was made possible through the Bringing Postpartum Depression Out of the Shadows Act, which was passed in 2017 (and led by the National Coalition for Maternal Mental Health, a prior project of the Policy Centers).

Read More →

Oct 13, 2023



The Policy Center Submits Feedback on the DOL's New Proposed Mental Health Parity Rules

On July 25th, 2023, the Departments of Labor, Health and Human Services and the Treasury announced proposed rules to strengthen the Mental Health Parity and Addiction Equity Act. We have been

Federal Maternal Mental Health Task Force Launches

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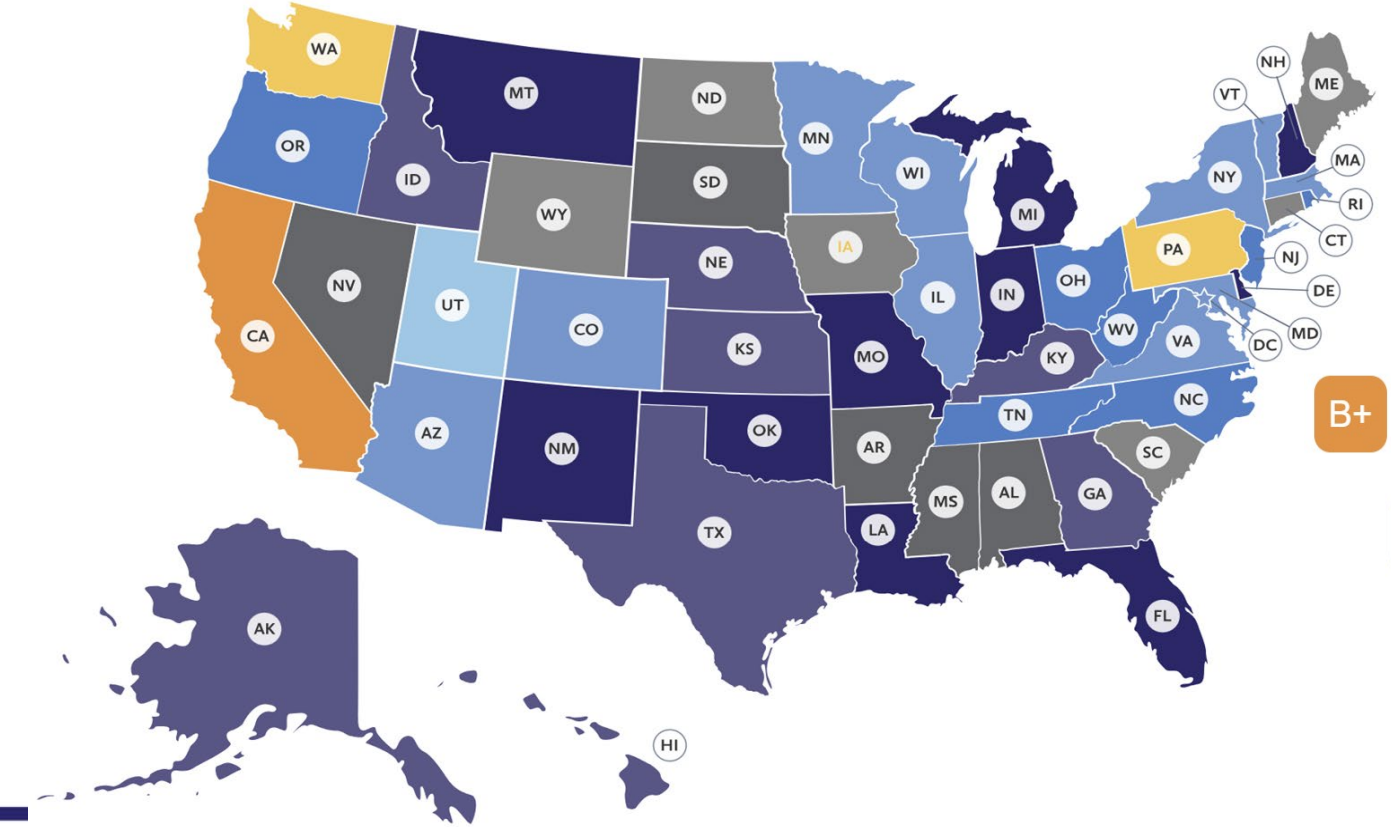
Formerly 2020 Mom

2024 Maternal Mental Health Report Cards

29 states received Ds and Fs

4 states have B grades



B+ B B- C+ C C-

D+ D D- F

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18 key measures provide **a snapshot of state efforts** to address MMH across three categories.

MMH Providers and Programs
Are there adequate ratios to meet needs?

MMH Screening Requirements
What is state progress towards universal screening?

MMH Coverage and Treatment
What are state efforts to ensure services are received?

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Three top line changes from 2023 to 2024

1) The US grade improved slightly from a D to D+.

2) State grades inched upwards: 34 grades improved.

4 states earned Bs (vs 1 state in 2023)
5 states earned Fs (vs 15 states in 2023)

3) We still have a long way to go
29 states received Ds or failing grades.

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Considerations / Recommendations

When Breastfeeding Works its Protective

When A Woman Wants to Breastfeed and it Doesn’t Work it can Cause Distress including Anxiety/Depression

Considerations / Recommendations

How Do we Predict Who Will Have Trouble?

Standard of Care is Lacking

Test re: Milk Supply? Tongue Tie?

Whose is primarily responsible (Ob/Ped), and when? Accountability

Lactation Consultant Education/Core Competencies

Recognizing difficulting can trigger MMH Disorders

What About Donor Milk?

Consider Decreasing Guilt/Distress by Expanding Milk Banks

Informal Donor Arrangements?

Insurance Coverage

Learn More: www.PolicyCenterMMH.org

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