

IMPROVING MATERNAL MENTAL HEALTH

Summary and Purpose

A mother's mental health is directly connected to the mom and baby's physical health. Many women experience mental health challenges during pregnancy and the postpartum period, such as depression, anxiety or post-traumatic stress disorder. Mental health issues are the most common complication of pregnancy and childbirth, and when left untreated, maternal mental health disorders can have serious medical, societal and economic consequences.

March of Dimes Position

March of Dimes strongly supports efforts to improve screening, diagnosis and treatment for women with maternal mental health disorders. Most maternal mental health disorders can be treated once identified and diagnosed, and studies show that screening at least once during the perinatal period can help identify maternal depression.¹ March of Dimes has identified five key elements that are critical to addressing and improving maternal mental health.



Access. Mothers need access to and insurance coverage for all types of mental health care in order to receive the appropriate diagnosis and treatment. To achieve this, perinatal mental health needs to be a higher priority for both public and private health insurers. Medicaid coverage should be extended to one year postpartum in all states to ensure women with public insurance have access to mental health care throughout pregnancy and the full postpartum period. Despite increasingly strong mental health parity laws, there are still barriers to telehealth care, particularly as the public health emergency ends. All women need access to timely, appropriate mental health services provided either in-person or via telehealth.



Universal Screening. Mental health screenings are critical components to identifying and treating maternal mental health disorders. March of Dimes strongly supports universal screening of all pregnant and postpartum women using an evidence-based screening tool. Screenings can be incorporated into prenatal visits, well-child visits and postpartum check-ups. Some Neonatal Intensive Care Units (NICU) have incorporated screening parents for post-traumatic stress disorder (PTSD) into their protocols. March of Dimes supports universal screening during each trimester of pregnancy, at the first postpartum visit, and at a 6-month postpartum obstetrics or primary care visit. March of Dimes also endorses the recommendation of the US Preventative Services Task Force and the Centers for Medicare and Medicaid Services (CMS) that parents be screened by pediatric providers at the 1-, 2-, 4-, and 6-month well-child visits. CMS has provided guidance noting that maternal mental health screenings can be billed under well-infant visits as "screening of the caregiver".²



Referral and Treatment. It is important that once screened for mental health conditions, pregnant and postpartum mothers who screen above the cut-off score on an evidence-based screening tool and/or who indicate any suicidal ideation are referred to behavioral health providers, including reproductive psychiatric specialists when necessary. Coordination of care between the provider who does the screening/referral, the mom's primary care provider and the mental health provider is needed to ensure that moms with perinatal mood and anxiety disorders do not fall through the cracks. To achieve this, all providers must be sufficiently reimbursed for the role they play in the screening, diagnosis and treatment process.



Education. Symptoms of perinatal mood and anxiety disorders are sometimes misattributed to normal pregnancy changes, or those experiencing symptoms may act like they are fine and not seek treatment because of concern about perceptions of others (ie, stigma). In both cases, symptoms often go under- or unreported. It is important that the full range of health care providers and the public are educated to recognize the symptoms of perinatal mood and anxiety disorders. Public education on the prevalence of maternal mental health issues that focuses on normalizing the stress new parents face and stigma reduction strategies is also vital.



Surveillance. In order to support research and treatment initiatives, March of Dimes supports robust funding to support tracking maternal mental health disorders, as well as data collection on maternal mental health screening initiatives and treatment outcomes.

Common Maternal Mental Health Disorders

Depression is a common health issue that impacts many women during and after pregnancy. If left untreated, maternal depression can have devastating effects on women, infants, and families. Pregnant women who have untreated depression are more likely to have premature birth or a low-birthweight baby.³

Postpartum depression (PPD) occurs in an estimated 15-20% of new mothers, and is the most underdiagnosed and common pregnancy complication.^{4,5} African American and Hispanic women have the highest prevalence of postpartum depression, which is largely attributed to lack of social support, access to care issues, and history of past trauma and depression.⁶ Other populations have also shown higher than average rates of PPD, including low-income mothers, teenagers, individuals with a previous history of perinatal depression, parents of babies who spent time in the NICU, and those with a personal or family history of major depression.⁷ PPD can make it difficult for a mother and child to bond, which may lead to long-term effects on cognitive development.⁸ Symptoms of postpartum depression—depressed mood, loss of interest in daily activities, sleep or appetite disturbance, feelings of guilt, and poor concentration—last longer and differ from symptoms of the baby blues, which typically resolve on their own within 10 days post-delivery.^{9,10} PPD can begin anytime after delivery and last up to a year.⁴

Post-Traumatic Stress Disorder (PTSD) can develop in anyone who has seen or lived through a crisis. Approximately 9% of women experience PTSD following childbirth, most often due to birth trauma.¹¹ Some women develop PTSD after surviving a complication that often causes pregnancy-related death, also known as a maternal near-miss. Parents of babies hospitalized in the NICU are at an elevated risk for developing stress disorders. It is often traumatic for parents to see their infants hooked up to monitors or undergoing serious medical procedures, sometimes for weeks on end. Studies show that between 30 and 60% of NICU parents experience symptoms of Post-Traumatic Stress Disorder. In some cases, PTSD continues for years after the baby's birth.^{12,13,14} Women who have PTSD prior to pregnancy may be more likely than women without it to have a premature or low-birthweight baby, with one study finding that having PTSD in the year before delivery increased a woman's chance of giving birth early by 35%.¹⁵

Anxiety occurs in an estimated 15% of pregnant women and 18% of postpartum women, and is often experienced simultaneously with depression. Studies show that 25-50% of new moms with anxiety also experience symptoms of postpartum depression.¹⁶ Symptoms of perinatal anxiety might include racing thoughts, constant worry and disturbances to normal sleep and appetite patterns. In addition to generalized anxiety, some women also experience Postpartum Panic Disorder or Postpartum Obsessive Compulsive Disorder. Like other perinatal mood disorders, all anxiety disorders are treatable with professional help.¹⁷

Postpartum Psychosis is a rare event with an estimated incidence of 1-2 in every 1,000 deliveries.¹⁸ Symptoms include agitation, irritability, delusions and disorganized behavior, and these symptoms typically appear within the first two weeks postpartum. Postpartum psychosis is a very rare, but very serious complication that should always be treated as an emergency, because there is a risk of infanticide and up to a 70-fold increased risk for suicide.^{18,19} While it is fairly common for new moms experiencing postpartum depression or anxiety to have intrusive thoughts, there is dissonance with these intrusive thoughts and they are typically very distressing to the mom. However, with postpartum psychosis, there is no dissonance and the thoughts seem true, presenting a real threat to both mom and baby.

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