

Lead sponsors



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Background

The unmet need for treatment of maternal mental health conditions and SUDs has reached a crisis point.

Maternal mental health conditions (MMH) are the most common complication of pregnancy and childbirth, and suicide and overdose combined are the leading cause of death for women in the first year following pregnancy. Conditions can include depression, anxiety, bipolar illness, obsessive-compulsive disorder, post-traumatic stress disorder, and substance use disorders.¹

Because a national infrastructure and workforce capacity are lacking, as well as geographic and social disparities, our system does not deliver the right care at the right time to all who experience maternal mental health conditions and SUDs.



Maternal mental health (MMH) conditions are the most common complication of pregnancy and birth, affecting 800,000 civilian families each year in the U.S.²



Our nation's military mothers experience mental health conditions at significantly higher rates than their civilian counterparts: 36% of female service members and military spouses and 60% of retired service members are impacted by MMH conditions, compared to 20% in the general population.³



75% of women who experience MMH conditions remain untreated increasing the risk of long-term negative impacts on the mother, baby, family and society.⁴



Suicide and overdose are the leading cause of death for women in the first year following pregnancy. 13% to 36% of maternal deaths are attributable to suicide, and the consequences are devastating to the newborn and the family.⁵



The cost of not treating MMH conditions is \$32,000 per mother-infant pair, or \$14 BILLION each year in the U.S.⁶

Bill summary

The MOMS Who Serve Act will provide mental health support for service members before and after they give birth by:

- Creating a 5-year pilot program administered at military facilities to prevent MMH conditions among pregnant and postpartum uniformed service members and beneficiaries.
- Integrating evidence-based MMH prevention programs with existing maternal or pediatric care or programming.
- Increase awareness of and encouraging participating in care or programming for pregnant and postpartum service members and beneficiaries.
- Establish an advisory committee to identify evidence-based perinatal prevention programs, increase participation amongst diverse groups and help reduce stigma.
- Providing outreach to eligible pregnant and postpartum service members and beneficiaries about the pilot program.

Citations:

1. March 2017 issue (Vol. 129, No. 3) of *Obstetrics & Gynecology* and the March/April 2017 issue (Vol. 46, No. 2) of the *Journal of Obstetric, Gynecologic, & Neonatal Nursing*.
2. March 2017 issue (Vol. 129, No. 3) of *Obstetrics & Gynecology* and the March/April 2017 issue (Vol. 46, No. 2) of the *Journal of Obstetric, Gynecologic, & Neonatal Nursing*.
3. Defense Health Care: Prevalence of and efforts to screen ... (n.d.). <https://www.gao.gov/assets/gao-22-105136.pdf>
4. Byatt, N., Levin, L., Ziedonis, D., Moore Simas, T. A., & Allison, J. (2015, November). Enhancing participation in depression care in outpatient perinatal care settings: A systematic review. *Obstetrics & Gynecology*. Retrieved April 23, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4618720/>.
5. Hang Yu, Ms. (2024, January 9). Perinatal depression and risk of suicidal behavior. *JAMA Network Open*. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2813745?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamanetworkopen.2023.50897
6. Luca, D. L., Margiotta, C., Staatz, C., Garlow, E., Christensen, A., & Zivin, K. (2020). Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. *American Journal of Public Health*, 110(6), 888-896. <https://doi.org/10.2105/AJPH.2020.305619>