

Lead sponsors



Sen. Kirsten Gillibrand
(D-NY)



Sen. Cory Booker
(D-NJ)



Rep. Lisa Blunt Rochester
(D-DE)



Rep. Brian Fitzpatrick
(R-PA)

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 families each year in the U.S. 40% of Black mothers will experience MMH conditions —nearly twice the rate of all women.^{2,3}



Among postpartum individuals covered by Medicaid, 23-35% screen positive for postpartum depression compared with about 20% of other postpartum individuals.⁴



75% of women who experience MMH conditions remain untreated increasing the risk of long-term negative impacts on the mother, baby, family and society. Only 30 to 42% of low-income postpartum individuals who have major depressive episodes receive any treatment for depression.^{5,6}



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.⁷



The cost of not treating MMH conditions is \$32,000 per mother-infant pair, or \$14 BILLION each year in the U.S.⁸

Bill summary

Specifically, the Moms Matter Act will:

- Establish a Maternal Mental Health Equity Grant Program to invest in local initiatives supporting people with mental health conditions or substance use disorders during or after pregnancy.
- Provide funding for programs to grow and diversify the maternal mental and behavioral health care workforce to expand access to high-quality maternal mental health care and substance use disorder services.

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. Black Maternal Mental Health Week. March of Dimes. (n.d.-a). <https://www.marchofdimes.org/black-maternal-mental-health-week>
4. Medicaid. (n.d.-b). <https://www.medicaid.gov/sites/default/files/2023-08/ppc-for-state-and-medicaid-toolkit.pdf>
5. 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/>.
6. Medicaid. (n.d.-b). <https://www.medicaid.gov/sites/default/files/2023-08/ppc-for-state-and-medicaid-toolkit.pdf> from last bullet
7. 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
8. 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>