MATERNAL MENTAL HEALTH CONSIDERATIONS

Burden of Untreated Perinatal Mood and Anxiety Disorders (PMADs) in the United States

**PREVALENCE**
Most common complication of pregnancy and childbirth

**ECONOMIC**
Average cost per affected mother-child dyad: $31,800

$14B

**PERSONAL**
Associated with poor birth and early childhood outcomes, substance use challenges, suicide, lost wages, families under stress

Perinatal Mood and Anxiety Disorders Defined

**Perinatal:** Anytime during pregnancy through the first year postpartum

**Conditions:**
- Depression
- Anxiety
- Panic Disorder
- Bipolar Disorder
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Postpartum Psychosis

Inequities in Maternal Mental Health Care and PMADs in Historically Marginalized Populations

Research shows that marginalized populations are 2x more likely to experience a perinatal mood and anxiety disorder due to:
- Unconscious and conscious racism
- Cultural differences in engaging with medical systems
- Limited evidence
- Unequal access
- Underreported symptoms
- Lower rates of screening and treatment

High-Level Solutions to Address the Burden of Untreated PMADs in the United States

**Policy**
Support policies to expand insurance eligibility, enrollment, and provider and services covered
Provide patient navigation to insurance and alternative providers

**Infrastructure**
Incentivize providers to practice in low resource areas
Widen providers' care area potential
Provide flexibility by offering extended hours or after-hours care

**Health Care System**
Encourage the creation of multi-disciplinary teams and team based coordinated care processes
Have mental health providers consult with obstetricians
Screen for PMADs, report quality measures, and use maternity mental health safety bundles

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Key Takeaways

- Multiple cascading factors affect access to maternal mental health care
- Historically marginalized populations are disproportionately represented among those without insurance, which contributes to underscreening, lack of treatment, and lack of care for PMADs
- Providers can:
  - Support policies to expand Medicaid because more than 3.5 million additional people would be insured if all states expand Medicaid
  - Participate in the ACA marketplace, participate in provider directories, and accept Medicaid to address the issue of limited choice among plans and providers
  - Prioritize education and training to implement care models that have mental health in the maternity workflow and provide mental health supports through maternity care

Resources

- Maternal Mental Health Leadership Alliance (MMHLA) resource hub
- Perinatal Health Part 1: The Case for integration & Considerations Across the Continuum of Care
- Perinatal Health Part 2: Perinatal Behavioral Health Care in a CCBHC
- Perinatal Health Part 3: Integrating Services for Pregnant and Postpartum People in High Need Settings
- Perinatal Health Part 4: Addressing Serious Mental Illness

References


