



MATERNAL MENTAL HEALTH: STRATEGIES TO ADDRESS SOCIETAL AND STRUCTURAL CHALLENGES

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Abstract

- **Issue:** Mental health disorders among pregnant and postpartum women are on the rise, yet many women do not seek or receive treatment due to numerous barriers. Those receiving care often get an inconsistent message about preventative measures or whether to continue psychiatric medications during pregnancy. Untreated mental illness among mothers can have profound consequences for succeeding generations and society and perpetuate long-ingrained detrimental drivers of health.
- **Goal:** Provide maternal mental health policy options and solutions for state leaders.
- **Methods:** Review existing challenges, statutes, regulations, policies, programs, interventions, and potential avenues for action and international solutions.
- **Key Findings:** Significant policy challenges include provider shortages, barriers to access, a lack of psychiatric medication best practices, and varying state approaches to postpartum care. Policy solutions address insurance coverage, screening, and continued education for medical professionals and patients. Policymakers can seek to expand telehealth, strengthen postpartum care, require screenings, address workforce shortages, and seek to prevent the long-term effects of adverse childhood experiences.
- **Conclusion:** The issues in maternal health are challenging but the urgency of addressing them is real and the opportunities for policy and programmatic solutions are plentiful. Among them are policies to address mental health workforce shortages, expand care during the postpartum period, increase maternal depression screening, and mitigate the long-term effects of adverse childhood experiences.

Background and Introduction

Significant percentages of pregnant and postpartum women experience substance use and abuse (63%),¹ maternal anxiety disorders (13%),² and Post-Traumatic Stress Disorder (9 to 44%).³ Between 6.5 and 12.9% of women experience depression during pregnancy and the first postpartum year. Of those, 1 to 5.6% experience major depression.⁴ Women with postpartum psychiatric disorders have a higher mortality rate and risk of suicide, the leading cause of maternal mortality.⁵

Research further suggests parental mental illness leads to poor maternal sensitivity⁶ and

impaired mother-infant attachment,⁷ which can interfere with the child's development and is associated with lifetime adverse behavior.⁸ Despite increases in the prevalence of mental health disorders, less than 30 percent of pregnant and postpartum women who screen positive for depression or anxiety seek or receive treatment.⁹

Numerous factors have generated various successful strategies and solutions with opportunities for expansion in government and practice.

Key Findings

Policy solutions and interventions designed to improve maternal mental health have enormous potential. Researchers suggest policies to improve maternal health outcomes focus on three areas: coverage and benefits, care delivery, and data and oversight.¹⁰

Thirty-eight states and Washington, D.C., that have expanded Medicaid under the Affordable Care Act offer a continued pathway to postpartum coverage following the previously required 60-day period. However, in some of those states and the non-expansion states, women may lose Medicaid coverage postpartum if their incomes are above 138% of the federal poverty level. A number of expansion and non-expansion states have applied for Section 1115 waivers to extend Medicaid beyond the 60 days and to higher income levels.¹¹

The Collaborative Care Model is one of the most effective integrations of behavioral health and general medical services.¹² The Washington State Mental Health Integration Program, the Depression Initiative Across Minnesota Offer-

ing a New Direction (DIAMOND) project, and a depression care management project at the University of California-Davis are examples of successful implementations.¹³

One key to how the transformation of care delivery can improve maternal health outcomes may be payment reform. Thirty-four states have implemented at least one payment reform policy, often involving adjusting financial incentives. Nineteen states have enacted value-based payment policies that reduce payment for medically unnecessary procedures.¹⁴

Several states address data and oversight needs in the maternal health and mental health spaces by creating advisory and review panels. Arizona created a Maternal Mental Health Advisory Committee to recommend care improvements.¹⁵ Indiana created a statewide Maternal Mortality Review Committee to review cases of maternal mortality between pregnancy and one year postpartum and requires providers to report deaths.¹⁶

Significant Policy Challenges

PROVIDER SHORTAGES

There are 125 million Americans living in areas with shortages of mental health professionals. More than 6,500 practitioners are needed to meet demand.¹⁷ Shortages result from an aging workforce, too few people entering the profession, lack of resources, comparatively low salaries, and providers locating primarily in affluent urban and suburban areas.¹⁸

BARRIERS TO ACCESS

Other barriers include stigma, lack of insurance coverage, financial considerations, and child care concerns.¹⁹

LACK OF RESEARCH ON MEDICATION BEST PRACTICE

Evidence around pharmacological approaches to managing maternal mental illness is lacking due to inadequate research funding streams and the challenges of conducting such research with women who are pregnant or breastfeeding.²⁰ Women often receive conflicting information on whether to continue psychiatric medications during pregnancy or how best to prevent postpartum psychiatric illness.²¹

MEDICAID AND MATERNAL MENTAL HEALTH

Medicaid, which pays for more than four in 10 births, must cover care for pregnant women through 60 days postpartum. Many state and federal policymakers and health advocates have recently engaged in policy efforts to expand Medicaid's postpartum coverage to one year.²² The American Rescue Plan (ARP) Act of 2021 gave states a new option to extend Medicaid postpartum coverage by filing a State Plan Amendment to their Medicaid program. The ARP also allows for lengthening the postpartum coverage duration under the Children's Health Insurance Program (CHIP).²³

FUNDING TO REDUCE MATERNAL MORTALITY

Another federal measure that could have an impact for states is the Black Maternal Health Omnibus Act of 2021, elements of which were folded into the Fiscal Year 2022 appropriations

bill for the departments of Labor, Health and Human Services, Education, and related agencies approved by the House in June. Among its provisions:

- An increase of \$156 million for the Maternal and Child Health Block Grant to fund programs supporting the health and well-being of mothers, children, and families;
- Language to urge the Substance Abuse and Mental Health Services Administration (SAMHSA) to advance culturally appropriate perinatal suicide prevention programs;
- \$53 million for State Maternal Health Innovation Grants;
- \$5 million for the Maternal Mental Health Hotline; and
- \$10 million for screening and treatment for maternal depression and related disorders.

The Omnibus Act also authorizes a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.²⁴

Existing State Legislation and Trends

States are setting statutory standards for screening, coverage, public health awareness, and educational mandates as well as securing funding and establishing services. Texas, Maryland, and Washington, D.C., have launched task forces for maternal mental health.^{25 26}

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Examples of Efforts to Improve Practices Around Maternal Mental Health Care:



Area Addressed	State	Bill Number	Summary
Screening	Arizona	Senate Bill 1011 (2021)	Mental health screening legislation that establishes a maternal mental health advisory committee designed to improve screening and treatment of maternal mental health challenges. ²⁸
Requiring Program Development from Hospitals and Providers	California	Assembly Bill 3032 (2018)	Requires certain hospitals to develop programs that include, among other things, that hospital perinatal unit employees receive education about maternal mental health conditions. ²⁹
Improving Maternal Mental Health Education for Medical Professionals	Delaware	Senate Bill 197 (2016)	Health care provider education requirements related to maternal depression and how to screen for it. ³⁰
Improving Health Insurance Benefits	Illinois	House Bill 2438 (2019)	Requires health insurance plans to provide quality, cost-effective maternal mental health coverage; requires medical professionals to screen pre- and postpartum mothers for mental health conditions. ³¹
Promoting Education and Awareness as a Public Health Priority	Massachusetts	House Bill 4859 (2010)	Awareness and regulation legislation that requires the state Department of Public Health to develop regulations, policies, and resources to address postpartum depression including, but not limited to, public and professional education curricula, plans, and materials; referral lists that build on existing resources; and the authorization of validated screening tools. ³²
Changes, Definitions, and Improvements to Medicaid	Missouri	House Bill 2120 (2018)	Requires Medicaid and Medicare to cover behavioral health services for women up to one year postpartum. ³³

Other Recent State Legislation on Maternal Mental Health

Requiring Program Development from Hospitals and Providers

[Oklahoma Senate Bill 419 \(2019\)](#)

[Texas Senate Bill 750 \(2019\)](#)

[Texas House Bill 253 \(2019\)](#)

Screening

[New Jersey Senate Bill 3406 \(2019\)](#)

[New York Assembly Bill 5076 \(Active\)](#)

[New York Senate Bill 7234 \(2014\)](#)

Promoting Education and Awareness as a Public Health Priority

[Florida Senate Bill 138 \(2018\)](#)

[Florida House Bill 937 \(2018\)](#)

[Maryland Senate Bill 600 \(2017\)](#)

[New York Senate Bill 7409 \(2021\)](#)

[New York Assembly Bill 8308 \(2017\)](#)

[New York Assembly Bill 8953 \(2018\)](#)

[Oregon House Bill 3625 \(2010\)](#) Improving

Improving Maternal Mental Health Education for Medical Professionals

[California Assembly Bill 845 \(2019\)](#)

[Florida House Bill 937 \(2018\)](#)

[Illinois House Bill 3511 \(2019\)](#)

[Oregon House Bill 2235 \(2010\)](#)

[Virginia House Bill 2613 \(2019\)](#)

Establishing Requirements for Additional Services for Postpartum Women (Substance Use, Domestic Violence, Etc.)

[Illinois House Bill 5 \(2019\)](#)

[New Jersey Assembly Bill 3633 \(Active\)](#)

Health Insurance Benefits

[California Assembly Bill 577 \(2019\)](#)

[California Assembly Bill 2193 \(2019\)](#)

[Connecticut Senate Bill 1085 \(2016\)](#)

[Texas House Bill 2466 \(2017\)](#)



Existing Policies, Programs, and Interventions

Interventions in maternal mental health care promote mother-infant attachment by identifying symptoms of maternal depression and substance abuse, and reducing barriers to effective parenting. A common theme is the home-based strategy.

Program/Intervention	Description	Benefits ¹	Locations
Mothers and Babies Program	A preventative mood-management course offered to pregnant women and mothers in the first year postpartum who are at high risk of perinatal depression. ³⁴	The course teaches perinatal women mood regulation strategies and explains the benefits of mother-infant bonds.	Administered through providers and agencies throughout the nation.
Baby Care	A Medicaid-sponsored home visit program for pregnant women and mothers of infants up to two years of age. ³⁵	This program improves maternal knowledge of mother-infant attachment.	Virginia
MOMS Program	Statewide effort of health care leaders, stakeholders, and medical professionals to identify promising treatment practices for opioid dependent pregnant mothers eligible for or enrolled in Medicaid during and after pregnancy. ³⁶	The program seeks to improve maternal and fetal health outcomes, improve family stability, and reduce costs of Neonatal Abstinence Syndrome (NAS).	Ohio
Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)	A statewide training and certification program for home visitors to identify signs of maternal depression, substance abuse, domestic violence, and child behavior issues. ³⁷	This program helps identify and address the issues mentioned — maternal depression, substance abuse, domestic violence, and child behavior issues.	In Fiscal Year 2020, MIECHV served all 50 states, the District of Columbia, and five U.S. territories. ³⁸
Family Spirit	A culturally tailored home-visiting intervention for Native American teenage mothers from pregnancy to three years postpartum. ³⁹	Benefits include reducing psychosocial/behavioral risks that may interfere with effective parenting. Addresses maternal depression and substance use among Native American teenage mothers and focuses on improving parent-child attachment.	Family Spirit operates through local agencies in 17 states: Arizona, California, Illinois, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, Oklahoma, Oregon, South Dakota, Texas, Washington, Wisconsin, Wyoming

¹ Not all listed programs have been formally evaluated. The benefits listed are claimed by the respective programs.

Program/ Intervention	Description	Benefits ¹	Locations
Child First & Nurse-Family Partnership	Child First & Nurse-Family Partnership have recently merged to serve more families as two of the leading evidence-based home visiting models. The newly unified organization will work to ensure that health care, early childhood development, and the mental health of the entire family are served in proven ways to achieve long-term, positive outcomes.	This intervention promotes parent-child attachment and reduces maternal substance abuse, intimate partner violence, and Post-Traumatic Stress Disorder by serving populations living in poverty and facing adversity.	Nationwide
Paid Family Leave (PFL)	Paid Family Leave provides employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child. ⁴⁰	This policy promotes parent-child attachment.	California, New Jersey, New York, Rhode Island, Washington, and several cities
Early Head Start (EHS)	This is a federally funded program for low-income pregnant women, parents, and children ages 0-3. The program includes child care, parent education, family support, and physical and mental health services. It can be home-based, center-based, or a mix of both. ⁴¹	This program improves parent-child attachment, specifically for low-income families.	Federal program

Future of Maternal Mental Health Policy



Strategies policymakers can implement to improve maternal mental health include:

- **Mental Health Workforce Shortage** can be addressed by encouraging integration of mental health care into primary care settings and increasing access to telehealth and opportunities for post-medical school specialty psychiatric training.⁴² Co-locating care for mother and baby can reduce transportation challenges and stress and strengthen coordination of care for postpartum depression.⁴³ Encouraging integration of mental health care into primary care settings can increase access and reduce stigma by making assessment and treatment more routine. Practices can also educate and provide consulting support to primary care providers.⁴⁴
- **Expanded Telehealth Access and Capabilities** provided a lifeline during the pandemic for many pregnant and postpartum women who were juggling increased child care responsibilities, homeschooling, and remote work. State and federal policymakers made expanded access during the pandemic possible by temporarily enacting reimbursement payment parity, loosening state-level privacy and consent requirements, adding coverage for telephone visits, and expanding provider types and services offered.⁴⁵ However, telephone consultation limits the ability to see patient body language and hampers provider assessment of patient self-care. Studies of the effectiveness of synchronous telehealth did not include maternal depression.⁴⁶
- **Extension of Postpartum Care** as states now have the option to do under the American Rescue Plan (ARP) Act of 2021 by filing a State Plan Amendment to their Medicaid program.⁴⁷ More states also can follow in the footsteps of California and Texas, which both committed state dollars to extend postpartum coverage to certain populations. California's legislation extended Medicaid coverage to a year for postpartum individuals diagnosed with a maternal mental health condition.⁴⁸ Texas used state funds to provide a limited package of postpartum services for one year to those enrolled in the state's Healthy Texas Women program for uninsured reproductive age women.⁴⁹
- **Stronger Postpartum Care** is recommended by the American College of Obstetricians and Gynecologists (ACOG) to "become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs." ACOG also recommends that comprehensive postpartum visits include full assessment of physical, social, and psychological well-being.⁵⁰ Nurse home visitation programs, such as those deployed in Maryland and Virginia, result in long-term maternal mental health benefits for mothers experiencing adversity.⁵¹
- **Maternal Depression Screening** is recommended, required, or allowed in 43 states and the District of Columbia. Oregon, Pennsylvania, Rhode Island, and Wisconsin have performance measures related to maternal or perinatal depression screening. Forty-two states require or recommend providers use specific standardized maternal depression screening tools.⁵²
- **Adverse Childhood Experiences (ACEs)**, such as abuse, violence, or substance abuse, and incarcerated parents can result in stress responses that can cause both immediate and long-term harm. Women and members of minority groups are more likely to experience four or more ACEs during their lifetime. The Centers for Disease Control and Prevention recommends policies to reduce ACEs, including encouraging employers to adopt paid family leave and flexible work schedules, increasing access to stress and conflict resolution skill programs, improving school environments, and educating providers to recognize risk in children and ACEs history in adults.⁵³

Policy Avenues for State Legislatures



Expanding Use of Telehealth; Addressing Health Disparities

Florida lawmakers in 2021 passed House Bill 1381, which establishes pilot programs in two counties to improve maternal health outcomes in racial and ethnic minority populations. The legislation authorizes the Office of Minority Health and Health Equity to fund projects directed at decreasing racial and ethnic disparities in severe maternal morbidity and other maternal outcomes through a 20-year-old grant program called Closing the Gap. The pilot programs in Duval and Orange counties are required to use telehealth or coordinate with prenatal home visiting programs to provide services and education to eligible pregnant women and provide training to participating health care practitioners and other perinatal professionals.⁵⁴



Expanding Postpartum Care; Addressing Health Disparities

Senate Bill 967, passed by Illinois legislators this year, requires the Illinois Department of Human Services to update its programs for pregnant and postpartum individuals determined to be “high-risk” under new criteria. The department will collaborate with others to develop an initiative to improve birth equity and reduce peripartum racial and ethnic disparities. It requires qualifying hospitals to have written policies following department guidelines on maternal and postpartum care as well as the leading causes of maternal mortality. The legislation requires private insurance plans to provide postpartum coverage up to one year following the end of a pregnancy, including access to treatment for mental, emotional, nervous, or substance use disorder or condition.⁵⁵

Instructive International Solutions

Commonplace in countries like the United Kingdom,⁵⁶ mother and baby psychiatric units (MBUs) allow mothers to receive care for psychiatric disorders while receiving support to develop their identities as mothers.⁵⁷ MBUs have demonstrated improved health outcomes.⁵⁸

Access to postpartum home visits, which improve mental health outcomes, is guaranteed in other countries but is much less consistent in the United States.⁵⁹

Many countries mandate at least 14 weeks of paid leave from work after childbirth and several countries provide more than a year of maternity leave. Maternity leave has been shown to help women cope with the physiological and psychological demands of pregnancy, childbirth, and breastfeeding.⁶⁰ Only 14% of American workers have access to paid leave and 40% of Americans do not qualify for the federal Family and Medical Leave Act. Eight states and the District of Columbia have enacted paid parental leave.⁶¹

Conclusions

The impact of maternal mental health extends far beyond the bonds of mother and child. Improving care for mothers and mothers-to-be may have the added benefit of improving outcomes for multiple generations. While challenges facing maternal mental health are complex, many policies are ripe for further exploration, including those that address mental health workforce shortages, expand postpartum care, increase maternal depression screening, and prevent the long-term effects of adverse childhood experiences.

How This Study Was Conducted

The Council of State Governments (CSG) convened an advisory group of 21 members, including state legislators from eight states, state executive branch health officials from eight other states, and five subject matter experts. Maternal Mental Health was discussed at two virtual meetings—an introductory session March 4, 2021 and a deeper dive May 28, 2021.

Prior to the second meeting, the advisory group was presented with a summary compiled by CSG researchers bringing together academic research on maternal mental health along with scans of state policies and programs.

The authors drew upon the research summary, input from meeting participants, and additional research in writing this brief.

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