



Maternal Health Policy Brief

Wilson Center Maternal Health Initiative

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Perinatal Mood and Anxiety Disorders (PMADs) include depression, anxiety, panic, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. These conditions can develop up to one year after birth. An estimated 20 percent of women will experience a perinatal mental health condition. Despite this, 50-75 percent of individuals struggling never receive treatment.

This gap has massive human and economic costs, including lost productivity, increased health expenses, and excess morbidity and mortality. Communities of color, low-income individuals, and other marginalized groups experience perinatal mental health issues at disproportionately high rates and bear the brunt of these impacts. The COVID-19 pandemic has led to significant increases in mental health stressors, particularly among women, further exacerbating this crisis.

The **Taskforce Recommending Improvements for Unaddressed Mental and Perinatal and Postpartum Health (TRIUMPH) for New Moms Act, Moms Matter Act, and Support Through Loss Act** each seek to create a national strategy and infrastructure to address these issues, with an eye toward promoting equity and reducing racial disparities in maternal mental health outcomes.

Highlights from Policymakers

“The high rate of mental health conditions among new mothers is heartbreaking and it demands action. At a time that should be full of joy, we must ensure that women get the mental and physical health care they need.”

—*Representative Nanette Diaz Barragán (D-CA-44)*

“This is an urgent health care challenge that we must address, and the great news is that we can. Research indicates that, in many cases, these deaths can be prevented through targeted solutions like increasing mental health support for pregnant and new mothers.”

—*Representative Larry Buschon (R-IN-8)*

“The decision to start a family can be so many things — thrilling, life-changing and carefully thought out — but the road to parenthood is not always easy and for many, it can be full of setbacks and disappointments.”

—*Senator Tammy Duckworth (D-IL)*

Fast Facts on Perinatal Mental Health

- Women are more likely to develop anxiety or depression the year after giving birth than at any other time.
- Perinatal depression is the most underdiagnosed pregnancy complication in the United States.
- Suicide and overdose are the leading causes of death in the first year postpartum.
- Untreated maternal mental health conditions cost the United States \$14 billion each year.

The Taskforce Recommending Improvements for Unaddressed Mental Perinatal and Postpartum Health (TRIUMPH) for New Moms Act

In June, Representative Nannette Barragán (D-CA-44), Representative Larry Bucshon (R-IN-8), Representative Young Kim (R-CA-39), and Representative Lisa Blunt Rochester (D-DE-District At-Large) introduced the TRIUMPH for New Moms Act of 2021. The bill hopes to improve maternal mental health outcomes by increasing policy coordination at the federal level.

To achieve these goals, the TRIUMPH for New Moms Act calls for the creation of a Task Force on Maternal Mental Health to guide national strategy. This Task Force would be chaired by the Assistant Secretary for Health of the Department of Health and Human Services and would include appointees from a variety of federal agencies, including the Administration for Children and Families, the Centers for Disease Control and Prevention (CDC), the Center for Medicare and Medicaid Services, and the Indian Health Service.

The Task Force would create an annual report evaluating maternal mental health programs and policies at the federal, state, and local levels with the goals of identifying existing best practices, eliminating duplicative efforts, and coordinating federal resources. Within this report, the bill instructs the Task Force to pay particular attention to racial and ethnic disparities in maternal mental health outcomes and programming. The Task Force would also be charged with developing (and regularly updating) a national strategy to address maternal mental health issues. This strategy would include guidance for federal agencies as well as recommendations for state governors.

Risk Factors and At-Risk Groups



Mental Health History

- >40% of women in the US with postpartum depression experience a recurrent episode.
- Women on psychiatric medications often have to discontinue their use during pregnancy and/or breastfeeding, further increasing the risk of adverse outcomes.



Exposure to Intimate Partner Violence (IPV)

- Women are particularly vulnerable to IPV during the perinatal period.
- 324,000 pregnant people in the US experience IPV each year.
- 20% of IPV survivors report new onset of psychiatric or substance abuse disorders.
- Women experiencing domestic violence during pregnancy are 3x more likely to report.



Miscarriage

- Miscarriage occurs in 10-20 percent of known pregnancies.
- Women who experience miscarriage are more likely to develop anxiety and depression.
- 1 in 6 who experience miscarriage suffer long-term symptoms of post-traumatic stress.



Provider Shortage Areas

- An estimated 122 million Americans live in “mental health provider shortage areas.”
- Communities of color and low-income communities are disproportionately impacted.



Communities of Color

- Rates of perinatal mental health conditions are 2-3x higher for new mothers of color.
- Implicit provider bias negatively impacts the care that mothers of color receive, eroding trust in the healthcare system and discouraging individuals from seeking needed care.

The Moms Matter Act

The Moms Matter Act was introduced in February of this year. It is part of the 2021 Black Maternal Health Momnibus, a package of 12 bills designed to address the United States' Black maternal health crisis. The bill is sponsored by Representative Lisa Blunt Rochester (D-DE-At Large) and Senator Kirsten Gillibrand (D-NY).

If passed, the bill would require the Secretary of Health and Human Services to establish a Maternal Mental Health Equity Grant Program. The program would be authorized to distribute \$25,000,000 in grants each fiscal year from 2022 to 2025 to address maternal mental health and substance use disorders affecting pregnant and postpartum individuals. The program would have a particular focus on improving care for racial and ethnic minorities and those in provider shortage areas and preference would be given to applicants serving these populations.

Grant funds would be used to diversify the maternal mental health and substance use workforce and expand access to culturally competent care. These efforts could take various forms, from direct financial support for larger education and training programs to individual scholarships for students from diverse backgrounds. The program would also support investment in:

- Community-based programs, including group prenatal and postpartum care models
- Collaborative maternity care models
- Programs at freestanding birth centers
- Initiatives that raise awareness and reduce stigma
- Suicide prevention efforts

The bill was referred to the Committee on Health, Education, Labor, and Pensions in the Senate and the Subcommittee on Health in the House. Proponents hope it will be brought to a floor vote later this year.

The Support Through Loss Act

The Support Through Loss Act was introduced by Senator Tammy Duckworth (D-IL) and Representative Ayanna Pressley (D-MA). It would require employers to provide at least three days of paid time off to individuals after a pregnancy loss, an unsuccessful round of in vitro fertilization (IVF) or other fertility procedure, a failed adoption or surrogacy, or a diagnosis that impacts pregnancy or fertility.

“Pregnancy loss should be met with care, compassion, and support. It is a common experience, but many struggle in silence due to the lack of awareness and cultural stigma.” – Rep. Ayanna Pressley

In addition to providing individual paid leave, the bill would dedicate \$45 million/year toward research on pregnancy loss. It also asks the CDC and the Department of Health and Human Services to share information about the prevalence of miscarriage and fertility issues, as well as treatment options.

By increasing awareness, the bill's proponents hope to reduce the cultural shame and stigma surrounding these issues, empowering survivors of pregnancy loss to seek support and improving overall mental health outcomes.

The bill is currently pending referral to committee, where it will undergo further review before being brought to a floor vote.

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