

Addressing Mental Health Needs of Mothers in Minnesota

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Value Statement:

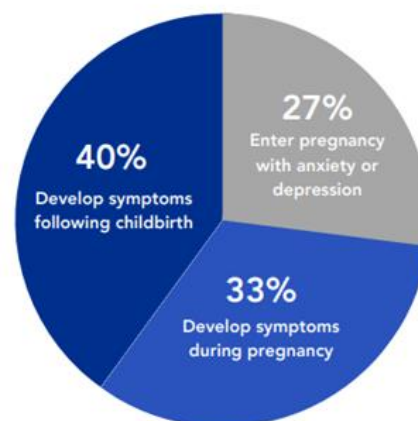
Maternal mental health refers to a range of conditions or illnesses that can occur anytime during pregnancy or the first year following pregnancy. When left untreated, maternal mental health conditions can have long-term negative impacts on the mother, baby, and family. Proper screenings for maternal mental health conditions are critical to ensuring that mental health concerns are detected and that new and expecting mothers receive the care they need. Requiring screening for maternal mental health conditions as part of prenatal and postpartum visits will lead to the care that new mothers deserve.

Issue Statement:

Perinatal and postpartum maternal mental health is a significant issue that too often goes untreated and unrecognized. During and after pregnancy, women are at greater risk of developing mental health conditions such as [anxiety and depression](#). Currently, the warning signs of maternal mental health concerns too often go [undetected](#). Encouraging healthcare providers to conduct mental health assessments as part of regular perinatal and postpartum health care would decrease the risks of morbidity and mortality and promote the healthy developmental connection between mother and child. Addressing maternal mental health concerns promptly is crucial to the child's early psychological development. The graph to the right illustrates the onset of maternal mental health symptoms. By requiring maternal health care providers to screen for perinatal and postpartum mental health concerns, we can better meet the needs of the mother and their family.

Timing and Onset of Anxiety and Depression

Of women who experience anxiety or depression in the postpartum period.⁶



If untreated, symptoms of MMH conditions can last up to 3 years.⁷

[Maternal Mental Health Alliance Fact Sheet](#)

The Problem:

One in seven women will experience a depressive episode during pregnancy or within a year of giving birth ([ACOG](#)). Women with a history of depression, lack of resources, addiction, stress or complications in their lives, or Adverse Childhood Experiences (ACEs) are especially at risk. Mental illness occurring during pregnancy is a significant issue as it has been linked with higher rates of preterm and low weight births, and postpartum depression has been linked to developmental delays in children due to the depression interfering with the mother's ability to have healthy interactions with their children ([NCSL, 2019](#)).

- Mental health conditions are the most common complication of pregnancy and childbirth, affecting at least 1 in 5 mothers or childbearing people each year in the United States.
- Suicide and overdose are the leading causes of death in the first year postpartum.
- Three out of four women experiencing maternal mental health conditions do not get the care needed for recovery.
- The cost of not treating maternal mental health conditions is \$32,000 per mother-infant pair totaling \$14.2 billion nationally.
- Left untreated, maternal mental health conditions can have long-term negative impacts on parents, babies, families, and society.
- Children of mothers with perinatal depression may exhibit insecure attachment, elevated rates of illness, and emotional and behavioral problems. Among women, untreated perinatal depression is also associated with increased risk for functional impairment and poor quality of life.

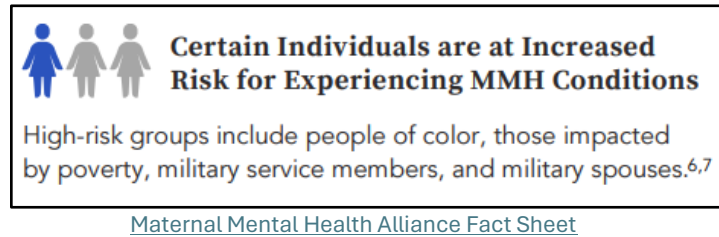
[The Minnesota Mortality Update](#) from 2017-2019, reports the following:

- Mental health conditions are the second leading cause of maternal deaths in Minnesota, contributing to 21% of maternal deaths;
- 67% of pregnancy-associated deaths occurred 43-365 days postpartum;
- Women who are Black or American Indian are disproportionately represented, "making up 26.7% and 12% of the deaths respectively," despite only representing a small portion (13% and 1.7% respectively) of the birthing population.

The top five leading causes of all maternal deaths from 2017-2019 were injury (34.7%), mental health conditions (21.3%), cancer (9.3%), infection (5.3%) and four cases where the specific cause of death could not be identified (5.3%).

Despite the prevalence of maternal mental health conditions and their impact on pregnant women and their families, screening for symptoms is not common as it needs to be. From 2020-2021, reports from health insurance plans on how often screeners such as the PND-E (prenatal depression) and PDS-E (postpartum depression) were administered only showed rates ranging from around 8-16% ([NCQA, 2022](#)). This data is concerning since a lack of screening means

more women are continuing to go without treatment for prenatal and postpartum depression.



Current Policy Approaches and Efforts

Currently, Minnesota is falling short not just in mental health, but also mental health related to pregnancy and postpartum care. Minnesota needs to do better in providing critical care for individuals with a mental health condition throughout this pivotal period of their lives. Under [Minnesota Statute](#) 145.906, health care providers must provide postpartum depression education information, including treatment resources. However, there is no requirement to screen for maternal mental health conditions. When [screening](#) is voluntary, the rates are quite low.

Minnesota's approach to addressing maternal mental health is not faring well in comparison to other states. Minnesota currently scores a D+ from the [Policy Center for Maternal Mental Health](#), in significant part due to the lack a requirement for health care providers to screen for maternal mental health conditions.

Since 2019, [California](#) has required that health care providers screen for maternal mental health conditions and that health insurance policies that provide medical coverage reimburse providers for that cost. Women could, even with all the [supports from their family](#), can feel disconnected from their children and need help from their medical team to screen for proper maternal mental health symptoms to tend to. There is a realization that women can have basic struggles which can overwhelm the new mother and their relationship with their child.

In Massachusetts, providers have developed the Massachusetts Child Psychiatrist Access Program for Moms ([MCPAP](#)). This program offers a consultation and referral source to primary care providers in helping their patients manage their mental health. A significant benefit to this organization is that it contains a guide for integrating mental health care into obstetric practice. In the first 3.5 years, [MCPAP](#) conducted 145 trainings for 1,174 health care providers and served 3,699 women. Health care [providers](#) reported that MCPAP facilitates the detection and treatment of depression and increases the disclosure of symptoms and help seeking.

The Maternal Mental Health Leadership Alliance (MMHLA) hosts an advocacy day every year to educate members of Congress about maternal mental health and to advocate for federal funding that support critical programs, and to provide resources. This [organization](#) advocates for national



policies that improve maternal mental health and advance health equity. They convene experts from across sectors to identify issues and formulate solutions to improve maternal mental health.

At the federal level, the [TRIUMPH for New Moms Act](#) created a national strategy to address maternal mental health disorders, and coordination and integration of maternal mental health into existing maternal, infant, and mental health activities at the federal level.

Policy Position Statement:

It is time for Minnesota to prioritize maternal mental health. We recommend that the Minnesota State Legislature take the following actions to meet the perinatal and postpartum care of mothers and their children:

- Pass [SF4976](#), which prioritizes maternal mental health and ensures women will receive the care they deserve.
- SF 4976 requires health plans that provides maternity benefits to develop maternal mental health programs that encourage screening, diagnosis, treatment, and referral, and provide education and training for maternal health providers.
- SF 4976 also makes sure that health care professionals who provides prenatal or postpartum care must ensure that the mother is appropriately screened for maternal mental health conditions.
- While requiring screening is important, it is also necessary to [promote screening](#) done in conjunction with interventions that target patient, health care provider, and practice-level barriers. These strategies are associated with increased improved rates of depression detection, assessment, referral, and treatment in perinatal care settings.
- Adopt the recommendations of the MN Maternal Mortality Review Committee, which include statewide improvements in identification, access, and treatment of behavioral health conditions for birthing people.



[Link to PDF copy](#)