

# FACT SHEET

## Maternal Mental Health (MMH)

### KEY POINTS

- > Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women (800,000 women each year in the United States).<sup>1</sup>
- > These illnesses include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), and substance use disorders.
- > The “baby blues” are a normal period of transition affecting up to 85% of new mothers in the first 2-3 weeks after baby is born. Baby blues typically include emotional sensitivity, weepiness, and/or feeling overwhelmed. Baby blues resolve without treatment.<sup>2</sup>
- > MMH conditions are caused by a combination of changes in biology, psychology, and environment.<sup>2</sup>
- > Women at increased risk of MMH conditions are those who have a personal or family history of mental illness; lack social support, especially from partner; experienced a traumatic birth or previous trauma in their lives; or have a baby in the neonatal intensive care unit.<sup>2</sup>
- > Suicide and overdose are the leading causes of death in the first year postpartum, with 100% of these deaths deemed preventable.<sup>3</sup>
- > All parents — including fathers, partners, and adoptive parents — can experience changes in mood when there is a new baby in the household.<sup>4</sup>

**1/5**



women will experience MMH during pregnancy or first year following pregnancy



of women who experience MMH symptoms go untreated<sup>5</sup>

#### Annual cost of not treating MMH

is \$32,000 per mother-infant pair (adding up to \$14 billion nationally)<sup>6</sup>



### SIGNS & SYMPTOMS

DEPRESSION	ANXIETY
<ul style="list-style-type: none"> <li>• Feeling hopeless, helpless, or worthless</li> <li>• Lacking motivation, concentration, or energy</li> <li>• Loss of interest or pleasure in activities</li> <li>• Feelings of anger, guilt, irritability, rage, or regret</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling easily stressed, worried, or overwhelmed</li> <li>• Being hypervigilant with baby</li> <li>• Having scary, intrusive, or racing thoughts</li> <li>• Feeling keyed up, on edge, restless, or panicked</li> </ul>

#### Women experiencing MMH conditions might say...

Having a baby was a mistake.  
I'm not bonding with my baby.  
I'm afraid to be alone with my baby.  
I'm exhausted, but I can't sleep, even when my baby sleeps.  
I'm such a bad mother; my baby would be better off without me.

### WOMEN AT INCREASED RISK



**Women living in poverty and women of color are MORE likely to experience MMH and LESS likely to get help due to:<sup>7</sup>**

- Lack of access to healthcare, including culturally appropriate mental health care
- Cultural and racial biases in the healthcare system
- More barriers to care, such as lack of transportation or childcare
- Fear that child protective services or immigration agencies will become involved

### TERMINOLOGY

**Perinatal:** ~2-year timeframe from conception to baby's first birthday

**Antenatal or Prenatal:** During pregnancy

**Postpartum or Postnatal:** First year following pregnancy

The following terms are used interchangeably to describe the mental health conditions women experience during pregnancy and the first year following pregnancy:

- Postpartum depression (PPD) has long been used as an umbrella term encompassing mood changes following childbirth
- Antenatal / prenatal / perinatal / postnatal depression and anxiety
- Perinatal mood disorders (PMDs) or perinatal mood and anxiety disorders (PMADs)
- Maternal mental health (MMH) challenges / complications / conditions / disorders / illnesses / issues

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# CONSEQUENCES OF UNTREATED MMH CONDITIONS

Untreated MMH conditions can have long-term negative impact on mother, baby, and entire family.

MOTHER	CHILD
<p><b>Women with untreated MMH conditions are more likely to:</b><sup>2, 8-11</sup></p> <ul style="list-style-type: none"> <li>• Not manage their own health</li> <li>• Have poor nutrition</li> <li>• Use substances such as alcohol, tobacco, or drugs</li> <li>• Experience physical, emotional, or sexual abuse</li> <li>• Be less responsive to baby's cues</li> <li>• Have fewer positive interactions with baby</li> <li>• Experience breastfeeding challenges</li> <li>• Question their competence as mothers</li> </ul>	<p><b>Children born to mothers with untreated MMH conditions are at higher risk for:</b><sup>10-15</sup></p> <ul style="list-style-type: none"> <li>• Low birth weight or small head size</li> <li>• Pre-term birth</li> <li>• Longer stay in the NICU</li> <li>• Excessive crying</li> <li>• Impaired parent-child interactions</li> <li>• Behavioral, cognitive, or emotional delays</li> </ul> <p>Untreated mental health issues in the home may result in an Adverse Childhood Experience, which can impact the long-term health of the child.<sup>16</sup></p>



## Parents who are depressed or anxious are more likely to:<sup>9,10</sup>

- > Make more trips to the emergency department or doctor's office
- > Find it particularly challenging to manage their child's chronic health conditions
- > Not follow guidance for safe infant sleep and car seat usage

**Most maternal mental health conditions are temporary & treatable**

## STEPS TO WELLNESS<sup>11</sup>

LOWER COST  
LOWER BARRIER

HIGHER COST  
HIGHER BARRIER

### Self-Care

sleep, nutrition, exercise, time off

### Social Support

from friends, family, doulas, home-visiting programs, or support groups

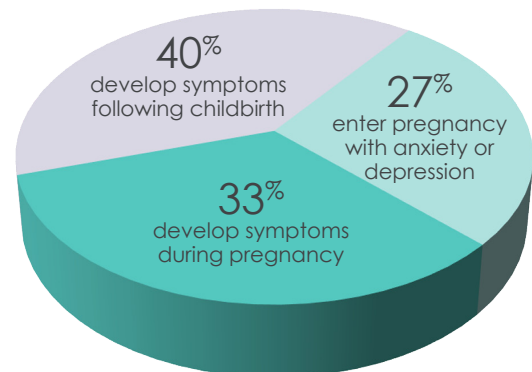
### Therapy/Counseling

### Medication

## Editorial Team

A multidisciplinary editorial team provided input for this Fact Sheet representing the fields of obstetrics, pediatrics, nursing, psychiatry, psychology, and public health. Team members from MMHLA are Adrienne Griffen, MPP; Pooja Lakshmin, MD; Kelly Sheppard, PhD; and Terri Wright, PhD, MPH. Additional editorial team members include Nancy Byatt, DO, MBA; Wendy Davis, PhD; Sue Kendig, JD, WHNP; Tiffany Moore Simas, MD, MPH; and Debra Waldron, MD, MPH.

## Of women who experience anxiety or depression during pregnancy or first year of baby's life<sup>17</sup>



## Citations

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<sup>4</sup> Da Costa (2019), Journal of Affective Disorders, 249, 371-377

<sup>5</sup> Ko (2012), Journal of Women's Health, 21(9), 830-836

<sup>6</sup> Luca (2019), M50 Mathematic Policy Research Issue Brief, April 2019, 1-4

<sup>7</sup> Taylor (2019) Eliminating racial disparities in maternal and infant mortality: A comprehensive policy blueprint. Center for American Progress

<sup>8</sup> Zhou (2019), Journal of Women's Health, 288, 1068-1076

<sup>9</sup> Field (2010), Infant Behavior & Development, 34, 1-14

<sup>10</sup> Sriraman (2017), Pediatrics in Review (38)12, 541-551

<sup>11</sup> Fitelson (2011), International Journal of Women's

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<sup>14</sup> Cherry (2016), International Journal of Women's Health, 8, 233-242

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<sup>16</sup> Felitti (1998), American Journal of Preventative Medicine 14(4)

<sup>17</sup> Wisner (2013), JAMA Psychiatry, 7(5), 490-498