

FACT SHEET

Maternal Mental Health (MMH)

MMHLA
Maternal Mental Health
Leadership Alliance

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).¹
- 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.²
- MMH conditions are caused by a combination of changes in biology, psychology, and environment.²
- 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.²
- Suicide and overdose are the leading causes of death in the first year postpartum, with 100% of these deaths deemed preventable.³
- All parents — including fathers, partners, and adoptive parents — can experience changes in mood when there is a new baby in the household.⁴

SIGNS & SYMPTOMS

DEPRESSION	ANXIETY
<ul style="list-style-type: none">Feeling hopeless, helpless, or worthlessLacking motivation, concentration, or energyLoss of interest or pleasure in activitiesFeelings of anger, guilt, irritability, rage, or regret	<ul style="list-style-type: none">Feeling easily stressed, worried, or overwhelmedBeing hypervigilant with babyHaving scary, intrusive, or racing thoughtsFeeling keyed up, on edge, restless, or panicked

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:**⁷

- 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

1/5

women will experience MMH during pregnancy or first year following pregnancy

75%

of women who experience MMH symptoms go untreated⁵

Annual cost of not treating MMH

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



\$14 BILLION

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

MAY 2020

CONSEQUENCES OF UNTREATED MMH CONDITIONS

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

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



Parents who are depressed or anxious are more likely to:

- 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 WELLNESS¹

LOWER COST
LOWER BARRIER

HIGHER COST
HIGHER BARRIER

Medication

Therapy/Counseling

Social Support

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

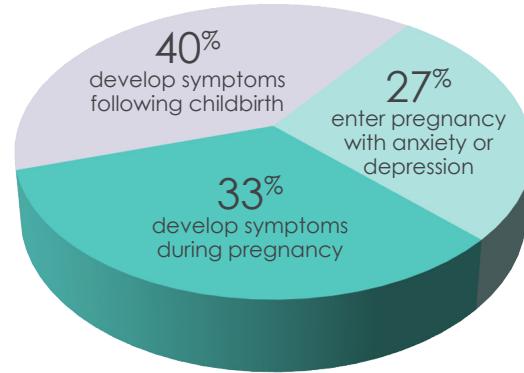
Self-Care

sleep, nutrition, exercise, time off

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 life¹⁷



Citations

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