# The Investor's Case: Maternal Mental Health



#### What Science and Research Tell Us...

- From drugs and alcohol to poor nutrition and stress, factors affecting a pregnant mother's physical and mental health are transmitted directly to her fetus in-utero, impacting all future child development.
- Perinatal depression affects women during pregnancy or shortly after birth. It is more
  intense and longer lasting than "baby blues," or the temporary sadness and tiredness
  experienced by many new mothers. Symptoms include severe anxiety around their
  newborn and feelings of guilt and failure at motherhood.
- Depressed mothers are less able to care for themselves and their babies, and are less likely to engage in responsive "<u>serve and return</u>" interactions that build infants' brain architecture. For this reason, perinatal depression is associated with long-term <u>impairments</u> in children's cognitive, social, and emotional functioning.
- Maternal mental health disorders can influence children's gene expression. Research links perinatal depression to the silencing of a gene in newborns that regulates the production of stress chemicals. This means that children of depressed mothers may suffer from dysregulated stress response and immune systems.

# Why It Matters...

- We are failing to invest in the wellbeing of pregnant women, the guardians of our next generation. One in five women in the U.S. <u>receives no prenatal care</u> in the first trimester. Defying global trends, <u>U.S. maternal mortality has increased</u> in recent decades, with disproportionate effects for black mothers.
- Perinatal depression is one of the most common and costly birth complications when untreated, affecting one in nine American women. Nevertheless, only 15% of affected mothers receive professional care.
- By preventing and treating maternal depression, we can <u>reduce costs to our public</u> <u>assistance, health, and child welfare systems</u>, reaping short- and long-term financial and societal benefits.

#### What "Good" Would Look Like...

- To ensure all children are developmentally on-track, we must:
  - Guarantee universal access to prenatal visits, starting in the first trimester
  - Facilitate depression screening for all mothers at 1-, 2-, 4-, and 6-month intervals after giving birth
  - Provide all mothers struggling with perinatal depression with evidence-based mental health services, including those that strengthen mother-infant bonds

## Strategies for Scaled Impact....

Two-generation
approaches that
destigmatize parental
mental health
challenges and focus
on parent-child dyads

Tech-enabled tools
that connect expectant
parents to evidencebased mental health
information and local
supports

Replication and
expansion of programs
that offer perinatal
health screening and
treatment via existing
social services

# **Dig Deeper: Maternal Mental Health**

# **Key Terms**

- Perinatal: the period during pregnancy or after birth; the prenatal and postpartum periods combined
- Serve and return: responsive back-and-forth exchanges between children and adults that build healthy brain architecture
- Cognitive behavioral therapy
   (CBT): an evidence-based treatment
   for major depression that helps
   patients modify patterns of negative
   thinking and make behavior changes
   that enhance coping

#### **Key Research Studies**

- Cost-effectiveness of two-part interventions combining identification and treatment for perinatal mental health issues
- How <u>fathers</u> may experience postpartum depression, too
- International correlations between postpartum depression and high national income inequality
- Lack of access to treatment for non-citizen women

#### **Field Leaders**

- March of Dimes pioneers research and advocates for policies to improve infant and maternal health
- Postpartum Support International increases public awareness about maternal mental health, collates resources, and operates a hotline
- <u>Perinatal Quality Collaboratives</u>
   bring together statewide stakeholders
   to improve the quality of healthcare for mothers and babies

## **Promising Innovators**

- MOMS Partnership provides high-risk mothers with therapy and parent coaching to improve mental health and disrupt intergenerational poverty
- <u>latchME</u> helps new moms access breastfeeding professionals, techniques, and peer communities
- <u>Centering Healthcare</u> builds supportive parental communities through group medical visits
- Visit our <u>Venture Index</u> for more innovators in this space!

#### **Key Funders**

- Robert Wood Johnson Foundation
- ZOMA Foundation
- National Institutes of Health
- Health Resources & Services
   Administration, <u>Maternal & Child</u>
   Health Bureau
- To learn more, check out this national database of funders in this space!

### Sample Metrics & Tools

#### **METRICS**

- Access to prenatal care and adequate nutrition
- Maternal stress, depression, & anxiety
- Parent-child relationship quality

#### **ASSESSMENT TOOLS**

- Parenting Stress Index (<u>PSI</u>)
- Center for Epidemiological Studies Depression Scale (CES-D)
- CDC's Pregnancy Risk Assessment Monitoring System (<u>PRAMS</u>)

Want to learn more? Check out Promise's full <u>resource library</u>! Feedback on our materials? <u>Share your thoughts</u> with us!