

July 11, 2022

The Honorable Patty Murray
Chairwoman, Senate Health, Education,
Labor, and Pensions Committee
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member, Senate Health, Education,
Labor, and Pensions Committee
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairwoman Murray and Ranking Member Burr,

Given the serious and long-term psychologic distress on new mothers caused by the current infant formula shortage and the multi-year COVID-19 pandemic, we, the 40 leading Washington State and North Carolina-based experts on maternal mental health (MMH), are writing to urge the inclusion of the bipartisan [S.2779 TRIUMPH for New Moms Act of 2021](#) in the upcoming HELP Committee discussion draft for the Restoring Hope for Mental Health and Wellbeing Act. Given the serious and long-term psychologic distress on new mothers caused by the current infant formula shortage and the multi-year COVID-19 pandemic, we, the 40 leading Washington State and North Carolina-based experts on maternal mental health (MMH), are writing to urge the inclusion of the bipartisan [S.2779 TRIUMPH for New Moms Act of 2021](#) in the upcoming HELP Committee discussion draft for the Restoring Hope for Mental Health and Wellbeing Act. We were happy to see the [House companion](#) included in the [Committee-passed package H.R.7666](#), and urge the same for the Senate side. The *TRIUMPH Act* is necessary to align federal collaboration on the leading cause of postpartum death: maternal suicide and overdose. The bill will create a national MMH strategy and supply recommendations to Governors Inslee, Cooper, and others to improve their MMH work, ensuring that we integrate MMH into existing maternal health programs and close the treatment gap for new moms.

Today, suicide and overdose cause up to 3 in 5 postpartum deaths, and yet MMH continues to be sidelined from federal and state maternal health efforts.^{1,2} America is facing a crisis – magnified by the COVID-19 pandemic³ – and disproportionately harming low-income women and women of color.^{4,5} The high maternal suicide and overdose mortality rate is attributable in part to a lack of MMH identification and treatment – only a quarter of total impacted moms and even fewer mothers of color will ever receive treatment.⁶ Despite high prevalence rates across MMH conditions, U.S. Department of Health and Human Services (HHS) activities focus primarily on postpartum depression, ignoring the more than 45% of MMH-impacted moms who experience substance use disorder, anxiety, obsessive-compulsive disorder, or psychosis.

¹ Trost WL, et al. Preventing pregnancy-related mental health deaths: Insights from 14 US Maternal Mortality Review Committees, 2008-17. *Health Affairs*, 2021;40(10):1551-1559.

² California Pregnancy-Related Maternal Mortality Review. CA-PMR Report: Pregnancy-Associated Suicide, 2002-2012. 2019.

³ Lebel C., et al. Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic. *Journal of Affective Disorders*, 2020; 277:5-13.

⁴ Taylor, J and Quamble CM. Suffering in silence: Mood disorders among pregnant and postpartum women of color. *Center for American Progress*, November 2019. Available at <https://www.americanprogress.org/article/suffering-in-silence/>.

⁵ Howell, E, et al. Racial and ethnic differences in factors associated with early postpartum depressive symptoms. *Obstet Gynecol*. 2005;105(6):1442-50.

⁶ Byatt N, et al. Enhancing participation in depression care in outpatient perinatal care settings: A systematic review. *Obstet Gynecol*. 2015;126(5):619-625.

HHS has lacked coordination on MMH internally among agencies and externally with State Governments and stakeholders. A 2021 Government Accountability Office Report found that HHS’ two maternal health workgroups “do not have a formal relationship established... [and] have competing priorities... which can sometimes result in duplication of effort.”⁷ A 2021 HHS report to Congress on the Department’s MMH activities likewise did not include any coordination between agencies nor detailed efforts to coordinate with other relevant Departments.⁸ Without a MMH national strategy and recommendations to states on implementation, the MMH crisis will continue to fall through the cracks – to the detriment of vulnerable moms and all efforts to lower the high maternal mortality rate.

The TRIUMPH for New Moms Act would address these gaps in four main ways:

1. Development of a national MMH strategy and recommendations to Governors for implementation,
2. Identification and integration of MMH into existing maternal, infant, and mental health activities,
3. Elimination of duplicate activities, and
4. Gathering of MMH stakeholder and public input and engagement.

We, Washington State and North Carolina advocates join a [coalition of over 110 national maternal, infant, and mental health advocacy organizations, providers, and universities](#) to urge the inclusion of *TRIUMPH* in HELP Committee’s mental health package. As organizations and practitioners working on the ground with moms in need, we know better than anyone how dire the situation is – particularly amid the twin pandemic and infant formula crises. It is imperative that the Senate HELP Committee act now to include *TRIUMPH* in the upcoming package discussion draft and pass it into law.

Sincerely,

Washington State Signers

Behind the Mask Therapy
Jennifer de Alba, LMHC
Madeleine Cushman, LLC
Mothering Voice Psychological Services
Dawning Family Foundations
Laurie Ganberg, LICSW, PMH-C
Mobile Mama Strategies, Inc
Perigee Fund
Perinatal Support Washington
Personhood Documentary LLC
Quilted Health

Shakima Tozay, LICSW, Giving Tree
Counseling & Coaching Services
Julie Davidson Counseling, MA, LMHC
Run Tell Mom LLC
LeFevre Shelley Ltd.

North Carolina Signers

The Balanced Box
Carolinas Center for Evaluation and Treatment
Hazel Tree Counseling
Kayce Hodos, LCMHC, PMH-C
Meagan Stalter, LCSW
Postpartum Village

⁷ [GAO-21-283, MATERNAL MORTALITY AND MORBIDITY: Additional Efforts Needed to Assess Program Data for Rural and Underserved Areas](#)

⁸ [Fink D. A Report to the Committes on Appropriations: Maternal Mental Health. Department of Health and Human Services, Office on Women’s Health, 2021.](#)

Reynolds Counseling, PLLC
Carolina Birth and Wellness, LLC
Equity Before Birth
HER Health Collective
High Country Doulas
Ingram Counseling & Consulting, PLLC
Insight Counseling Center
Jace's Journey
Megan Hyland Tajlili, PhD, LCMHC, PMH-C
Mind Body Baby NC
North Carolina Triangle Association of Black
Social Workers
Postpartum Support International - North
Carolina (PSI-NC)
Raising Resilience Counseling Services
Rebirth Counseling & Coaching, PLLC
Triangle Area Parenting Support
Inspire Women's Health
Kerri Kristoff, author of *Support for Newborn
Moms*
MotherWise, PLLC
PUSH for Empowered Pregnancy