

FACTSHEET: BLACK MATERNAL MENTAL HEALTH



BACKGROUND & KEY POINTS

Mental health conditions are a leading cause of maternal mortality.¹ **Perinatal mood disorders are one of the leading complications of pregnancy and childbirth** affecting up to 1 in 7 pregnant and postpartum women in the U.S.² Maternal mental health problems are considered a major global public health challenge;² worldwide, about 10% of pregnant women and 13% of women who have just given birth experience a mental health disorder, primarily depression.³ Data indicate that at least 600,000 women will develop perinatal depression each year related to a live birth, and the total numbers are likely far higher when other mental health disorders are included.⁴ Mental health problems, ranging from depression to substance use and trauma, went unidentified in many cases and were a contributing factor in pregnancy related deaths.^{1,5} **Black women not only face a higher chance of developing perinatal mood disorders than white women, but they are also less likely to receive treatment due to factors such as fear of stigma, involvement of child welfare services and financial barriers.**⁵ Additionally, Black women experience stress and health disadvantages because of the interaction and multiplicative effects of racism, gender, class, and age.⁶



A LOOK AT THE NUMBERS†

#1

PERINATAL MOOD DISORDERS ARE ONE OF THE LEADING COMPLICATIONS OF PREGNANCY AND CHILDBIRTH¹

3-5x

BLACK WOMEN ARE MORE LIKELY TO DIE FROM PREGNANCY-RELATED DEATHS COMPARED TO WHITE WOMEN¹¹

40%

BLACK WOMEN EXPERIENCE MATERNAL MENTAL HEALTH SYMPTOMS⁹

60%

PREGNANCY-RELATED DEATHS ARE PREVENTABLE¹⁰

>50%

MOST PREGNANCY-RELATED DEATHS OCCUR IN THE POSTPARTUM PERIOD¹⁰

†There are still gaps in research around perinatal mood disorders in gender expansive Black birthing people.

Birthing persons find it difficult to access treatment for perinatal mood and anxiety disorders due to a lack of time to get screened because of work or childcare, transportation limitations, language barriers, unaffordable mental healthcare, and lack of access quality mental healthcare in the community, along with other societal and structural barriers.⁷

Risk factors for perinatal depression and other mood disorders among Black women in the U.S. include:⁸

- Lack of social support
- Perceived stress
- Low socioeconomic status
- Poor access to healthcare
- Prior history of depression
- History of sexual/physical violence
- Poor access to education



CURRENT LEGISLATIVE LANDSCAPE

MOMS Matter Act[†] establishes two grant programs to address maternal mental health and substance use with a focus on racial and ethnic minority groups.¹²

1. Substance Abuse and Mental Health Services Administration must award grants for maternal behavioral health services to eligible grantees like organizations that serve pregnant and postpartum individuals, health care providers, and state, tribal and local governments
2. Department of Health and Human Services may award grants to grow and diversify maternal mental and behavioral health workforce by establishing or expanding schools and training programs

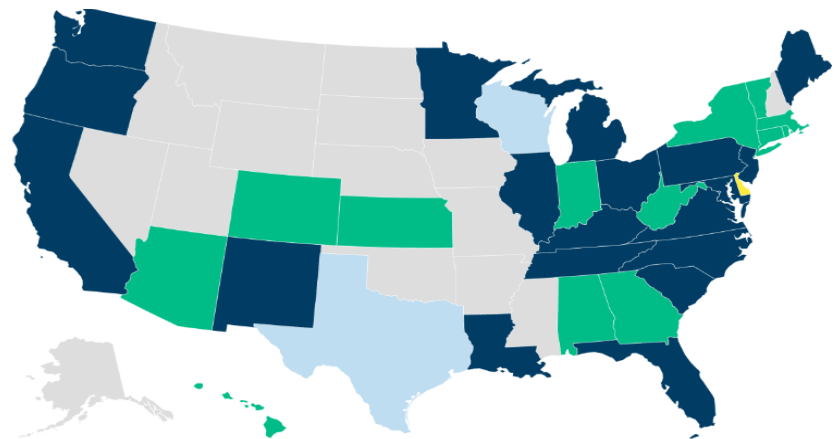
[†]The MOMS Matter Act has been introduced in the House and Senate; it has not passed.

Postpartum Medicaid Extension

(PPME): States can use PPME to extend Medicaid coverage to women up to 12 months postpartum, a time critical to maternal mental health.

- The Biden-Harris Administration is calling on Congress to improve and expand coverage by closing the Medicaid coverage gap in the **White House Blueprint for Addressing the Maternal Health Crisis**
- Currently, 39 states have approved or seeking approval for PPME through SPA or 1115 Waivers.¹³

Medicaid Postpartum Coverage Extensions Tracker: Approved and Pending State Action as of July 13, 2022¹³



NOTE: Pending legislation includes legislation that has passed one or both chambers.
SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation. • PNG

KFF

PATHWAYS TO EQUITABLE AND ANTIRACIST MATERNAL MENTAL HEALTH CARE¹⁴

1. Educate and train the larger field of maternal health practitioners to operationalize health equity
2. Amplify the historical contribution of Black scholars in mental health and invest in Black leadership to expand the maternal mental health workforce
3. Invest in Black women-led community-based organizations and social safety net services
4. Value, honor, and invest in culturally congruent community-based and traditional healing practices that promote wellness
5. Promote integrated care and allied health professionals as part of shared decision-making in mental health services

Citations

1. Building U.S. Capacity to Review and Prevent Maternal Deaths (2018). Report from nine mortality review committees. Retrieved from <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>
2. Luca, D.L., Garlow, N., Staatz, C., Margiotta, C. & Zivin, K. Societal costs of untreated perinatal mood and anxiety disorders in the United States. *Mathematica*. Published April 29, 2019.
3. Maternal mental health. World Health Organization (2015, February 20).
4. Mind the Gap: A Strategic Roadmap to Address America's Silent Health Crisis: Untreated and Unaddressed Perinatal Mental Health Disorders, Led by Postpartum Support International. Retrieved from Mind the Gap National Report
5. Nina Feldman, W. (2020, June 16). Black Mothers Get Less Treatment For Postpartum Depression Than Other Moms. Retrieved August 19, 2020, from
6. Lekan D. Sojourner syndrome and health disparities in African American women. *ANS Adv Nurs Sci*. 2009;32(4):307-321.
7. Estriplet T, Morgan I, Davis K, Crear Perry J, Matthews K. Black Perinatal Mental Health: Prioritizing Maternal Mental Health to Optimize Infant Health and Wellness. *Front Psychiatry*. 2022 Apr 29;13:807235.
8. Position Statement 49: Perinatal Mental Health. (n.d.). Retrieved from <https://www.mhanational.org/issues/position-statement-49-perinatal-mental-health#9>
9. Taylor, J., & Gamble, C. (2017, November 17). Suffering in Silence. Retrieved from <https://www.americanprogress.org/issues/women/reports/2017/11/17/443051/suffering-in-silence/>
10. Petersen EE, Davis NL, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. Available from: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>
11. Hoyert DL. Maternal mortality rates in the United States, 2020. *NCHS Health E-Stats*. 2022. DOI: <https://dx.doi.org/10.15620/cdc.113967>
12. Moms Matter Act of 2021, S. 484, 117th Cong. (2021-2022).
13. Medicaid Postpartum Coverage Extension Tracker. Kaiser Family Foundation. 2022. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
14. **Pathways To Equitable And Antiracist Maternal Mental Health Care: Insights From Black Women Stakeholders**. Kay Matthews, Isabel Morgan, Kelly Davis, Tracey Estriplet, Susan Perez, and Joia A. Crear-Perry. *Health Affairs* 2021 40:10, 1597-1604

FREQUENTLY ASKED QUESTIONS

What are PMADs?

Mood and anxiety disorders during pregnancy and the year following birth. These mood and anxiety disorders include postpartum depression, postpartum anxiety, postpartum obsessive-compulsive disorder, and more.

What is PPME?

PPME stands for Postpartum Medication Extension. PPME fall into two categories: 1115 waivers and State Plan Amendments (SPA).

What are 1115 Waivers?

1115 Medicaid Waivers refer to Section 1115 in the Social Security Act. It gives HHS the authority to allow states to test “experimental, pilot or demonstration projects” that promote the objectives of the program. Importantly, these waivers permit states to use federal funds in ways not otherwise permitted. This means that aspects of Medicaid rules can be waived; however, waivers must be time-limited and evaluated.

What are State Plan Amendments?

State plan amendments, or SPAs are another way to extend postpartum Medicaid coverage. In general, it is easier for states to implement SPAs rather than waivers. Unlike 1115 waivers, SPAs do not require any budget neutrality. SPAs coverage timeframes are usually shorter, and coverage is limited to certain populations in comparison to 1115 waivers.

What is the difference between pregnancy-associated deaths and pregnancy-related deaths?

Pregnancy-associated death refer to the death of a person while pregnant or within one year of the end of pregnancy due to a cause unrelated to pregnancy. Pregnancy-related deaths refer to death of a person while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by pregnancy or its management.

BLACK MATERNAL MENTAL HEALTH RESOURCES

Advocacy Organizations

- Black Girls Breastfeeding Club (<https://www.blackgirlsbreastfeedingclub.com>)
- Shades of Blue (<https://www.shadesofblueproject.org>)
- Sisters in Loss (<https://sistersinloss.com>)

Direct Services

- Oshun Family Center (<https://www.oshunfamilycenter.org>)
- Frontline Doula Services (<https://www.frontlinedoulas.com>)

Support Hotlines

- Postpartum Support International (PSI) support hotline: 1-800-944-4773
- National Maternal Mental Health Hotline (HRSA): 1-833-943-5746
- Substance Abuse and Mental Health Services Administration (SAMHSA) Suicide Prevention Lifeline: 988

Maternal Health Policies & Legislation

- Medicaid Postpartum Coverage Extension Tracker (<https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker>)
- White House Blueprint for Addressing the Maternal Health Crisis (<https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>)

Additional Resources

- Postpartum Discussion Tool (<https://www.postpartum.net/resources/discussion-tool>)