

May 30, 2019

The Honorable Roy Blunt  
Chairman  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies (LHHS)  
United States Senate  
131 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Patty Murray  
Ranking Member  
Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related  
Agencies (LHHS)  
United States Senate  
131 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

On behalf of the undersigned national, regional, and local organizations, we respectfully request that you include report language within the Fiscal Year (FY) 2020 LHHS appropriations bill to conduct an interagency report at the US Department of Health and Human Services (HHS) on the role each agency plays in addressing gaps in maternal mental health for new and expectant mothers.

All women who are or have recently been pregnant are at risk of maternal stress and maternal mental health (MMH) disorders. MMH disorders are the most common complication of pregnancy in the United States, surpassing gestational diabetes and preeclampsia combined, and suicide is one of the leading causes of death for women in the first year after giving birth.<sup>1</sup> Twenty percent of childbearing women will experience an MMH disorder during pregnancy or the first year following childbirth.<sup>2,3,4</sup> When factoring in the social determinants of health, that number can grow as high as 50 percent of new or expectant mothers among those living in poverty.<sup>5,6</sup>

While these disorders have high prevalence rates among new and expectant mothers, half of mothers with a diagnosis of depression do not receive the treatment they need.<sup>7</sup> Additionally, untreated MMH disorders cost the U.S. an estimated \$14.2 billion in societal costs for all births in 2017, an average of nearly \$32,000 per mother with an MMH disorder and her child over a six-year time frame.<sup>8</sup> These societal costs are borne out through maternal productivity loss, greater use of public sector services, including welfare and Medicaid costs, and higher health care costs attributable to worse maternal and child health outcomes.<sup>9</sup>

Efforts to detect and treat MMH disorders will improve health outcomes for mothers and their children, as well as improve women's productivity. This proactive approach will lessen the use of social services and subsequent costs to the government.

The U.S. House of Representatives recognizes the importance of identifying and treating MMH disorders in its FY 2020 LHHS appropriations report. The report directs HHS to conduct an interagency report on the

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<sup>1</sup> Committee on Obstetric Practice. Screening for perinatal depression: committee opinion no. 630. Washington, DC: American Congress of Obstetrics and Gynecology; 2015:1-4. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co630.pdf?dmc=1&ts=20161227T1417252146>. Accessed January 24, 2017

<sup>2</sup> Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol.* 2005;106(5 Pt 1):1071-83. doi:10.1097/01.AOG.0000183597.31630.db.

<sup>3</sup> Fairbrother N, Janssen P, Antony MM, Tucker E, Young AH. Perinatal anxiety disorder prevalence and incidence. *J Affect Disord.* August 2016;200:148-55. doi:10.1016/j.jad.2015.12.082.

<sup>4</sup> Ryan D, Kostaras X. Psychiatric disorders in the postpartum period. *British Columbia Medical Journal.* 2005;47(2):100-103. <http://www.bcmj.org/article/psychiatric-disorders-postpartum-period>. Accessed January 23, 2017.

<sup>5</sup> Dolbier CL, Rush TE, Sahadeo LS, Shaffer ML, Thorp J, Investigators CCHN. Relationships of race and socioeconomic status to postpartum depressive symptoms in rural African American and non-Hispanic white women. *Matern Child Health J.* 2013;17(7):1277-87. doi:10.1007/s10995-012-1123-7.

<sup>6</sup> Chung EK, McCollum KF, Elo IT, Lee HJ, Culhane JF. Maternal depressive symptoms and infant health practices among low-income women. *Pediatrics.* 2004;113(6):e523-e9. <http://pediatrics.aappublications.org/content/113/6/e523>. Accessed January 21, 2017.

<sup>7</sup> Luca DL, Garlow N, Staatz C, Margiotta C, Zivin K. Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematic Policy Research*, April, 2019.

<sup>8</sup> Id.

<sup>9</sup> Id.

role each agency can take to address gaps in maternal mental health for new and expectant mothers. We appreciate the work of your Committee in supporting maternal health programs and the implementation of the bipartisan *Bringing Postpartum Depression Out of the Shadows Act of 2015* (S. 2311/H.R. 3235) which passed as part of the *21<sup>st</sup> Century Cures Act* (P.L. 114-225). To build on Congress' work to address these preventable, treatable, and temporary mental health disorders, we respectfully request that you include the following report language, which is identical to the language in the House FY2020 LHHS report.

“The Committee is concerned that up to 20 percent of new or expectant mothers will experience a maternal mental health disorder during pregnancy or within the first year after childbirth – such as depression, anxiety, or postpartum psychosis. Untreated maternal mental health disorders negatively impact the short and long-term health of affected mothers and their children, with symptoms leading to adverse birth outcomes, impaired maternal-infant bonding, poor infant growth, childhood emotional and behavioral problems, and significant medical and economic cost. The Committee directs the Secretary to submit a report, in consultation with HRSA, SAMHSA, CDC, CMS, Office of the Surgeon General, Office on Women’s Health, and Office of Minority Health to the Committees on Appropriations within 180 days of enactment of this Act on the role that each agency can take to address gaps in maternal mental health public awareness, screening diagnosis, and delivery for pregnant and postpartum women.”

Should you have any questions, please contact 2020 MOM representative Katrina Velasquez at [Katrina.velasquez@centerroadsolutions.com](mailto:Katrina.velasquez@centerroadsolutions.com).

Sincerely,

1,000 Days

2020 MOM

American Academy of Pediatrics

American Art Therapy Association

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Colleges of Nursing

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

American Group Psychotherapy Association

American Medical Women's Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Association for Prevention Teaching and Research

Association of Maternal & Child Health Programs

Association of State and Territorial Health Officials  
Association of Women's Health, Obstetric and Neonatal Nurses  
Boston University School of Public Health  
Children's Dental Health Project  
Depression and Bipolar Support Alliance  
Eating Disorders Coalition  
Every Mother Counts  
Expecting Health, Genetic Alliance  
Family Voices  
Frontier Nursing University  
Global Alliance for Behavioral Health and Social Justice  
Illinois Association for Behavioral Health  
International OCD Foundation  
Legal Action Center  
Lifeline4Moms, MCPAP for Moms, UMass Medical School  
March of Dimes  
Maternal Mental Health Leadership Alliance  
Mental Health America  
National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD)  
National Association for Rural Mental Health (NARMH)  
National Association for Public Health Statistics and Information Systems (NAPHSIS)  
National Alliance of State & Territorial AIDS Directors (NASTAD)  
National Alliance on Mental Illness  
National Association for Children's Behavioral Health  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Association of Social Workers  
National Birth Equity Collaborative  
National Board for Certified Counselors  
National Council for Behavioral Health

National Eating Disorders Association

National Federation of Families for Children's Mental Health

National Institute for Children's Health Quality

National Register of Health Service Psychologists

National WIC Association

Organization of Teratology Information Specialists

Parents as Teachers

Postpartum Support International

Postpartum Support Virginia

Prevention Institute

RESULTS

Safe States Alliance

Schizophrenia and Related Disorders Alliance of America

Shades of Blue Project

Society for Maternal-Fetal Medicine

South Shore Health

The Kennedy Forum

The National Alliance to Advance Adolescent Health

Treatment Communities of America

University of Massachusetts Medical School/UMass Memorial Health Care

WomenHeart: The National Coalition for Women with Heart Disease