Key Facts: Maternal Mental Health (MMH) Conditions

1 in 5 Mothers Are Impacted by Mental Health Conditions

Maternal mental health (MMH) conditions are the MOST COMMON complication of pregnancy and birth, affecting 800,000 families each year in the U.S.\(^1,2\)

75% Most Women Are Untreated, Increasing Risk of Negative Impacts

75% of women impacted by MMH conditions REMAIN UNTREATED, increasing the risk of long-term negative impacts on mothers, babies, and families.\(^4\)

Learn More About Maternal Mental Health Conditions

Learn more about MMH conditions with MMHLA’s Fact Sheet on Maternal Mental Health.

Mental Health Conditions Are the Leading Cause of Maternal Deaths

Suicide and overdose are the LEADING CAUSE of death for women in the first year following pregnancy.\(^3\)

$14 Billion: The Cost of Untreated MMH Conditions

The cost of not treating MMH conditions is $32,000 per mother-infant pair, or $14 BILLION each year in the U.S.\(^5\)

It's Not Just Postpartum Depression: There Are a Range of MMH Conditions

MMH conditions can occur during pregnancy and up to one year following pregnancy and include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.\(^6\)

Key Facts: Black Women, Birthing People, and Maternal Mental Health

Black women experience maternal deaths at 2-3 times the rate of white women.\(^7,8\)

<table>
<thead>
<tr>
<th>Death Rate</th>
<th>Non-Hispanic White</th>
<th>Hispanic</th>
<th>Non-Hispanic Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>0</td>
<td>25</td>
<td>75</td>
</tr>
</tbody>
</table>

Deaths per 100,000 live births

Almost 50% of Black mothers will experience MMH conditions.\(^9,10\)

Black women are twice as likely as white women to experience MMH conditions but half as likely to receive care.\(^10,11\)

Single Black mothers are six times more likely than the general population to experience depressive symptoms.\(^9\)
Additional Factors Impacting Black Women and Families

**Social Determinants of Health (SDOH)**
SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age. SDOH affects a wide range of health, functioning, and quality-of-life outcomes. Black people are disproportionately impacted by SDOH, which include:

- Safe housing, transportation, neighborhoods
- Racism, discrimination, violence
- Education, job opportunities, income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water

**Depression May Look Different in Black Women**
Black women experiencing depression are more likely to report irritability, self-criticism (e.g. self-hate or self-blame) and somatic symptoms such as fatigue, insomnia, and decreased libido rather than stereotypical depression symptoms such as feelings of hopelessness or depressed mood. They also reported experiencing anhedonia, an inability to experience pleasure. It is important to recognize how depression manifests in Black women to be able to properly screen and provide mental health support.

**Weathering**
Black women experience physical “weathering,” meaning their bodies age faster than white women due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course. Weathering can make pregnancy riskier for Black women at an earlier age and can also lead to Black women experiencing more chronic health conditions, such as diabetes and obesity.

**The Superwoman Schema**
The Superwoman Schema is a conceptual framework that states that certain socio, cultural, and historical perspectives in the United States have impacted how Black women experience and handle stress, with Black women taking on the following coping characteristics: obligations to manifest strength, suppress emotions, and help others, even to the detriment of personal health; resistance to being vulnerable or dependent; and a determination to succeed despite limited resources.

**Assessing MMH Conditions in Black Women**
Current screening tools for MMH conditions do not take into account these additional factors that impact Black birthing people. Thus to properly assess for MMH among Black birthing people, providers should consider utilizing screening tools such as the Jackson, Hogue, Phillips Contextualized Stress Measure (JHP), a measurement of racial and gendered stress, and the Perceived Stress Scale (PSS), an assessment of global stress.

**Black Maternal Health MOMNIBUS**
The Momnibus was first introduced in Congress in 2021 and consisted of 12 separate bills to improve maternal health, particularly among communities of color. Only one provision was enacted: The Protecting Moms Who Serve Act. Legislators reintroduced the Momnibus bills in May 2023 to continue to address the maternal mortality crisis in our country which disproportionately impacts Black women.
Factors that Increase MMH Conditions Among Black Women and Birthing People

<table>
<thead>
<tr>
<th>Systemic Racism</th>
<th>Socioeconomic Status</th>
<th>Exposure to Violence and Trauma</th>
<th>Gaps in Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences</td>
<td>Lack of Representation in the Medical Care System</td>
<td>Higher Risk of Pregnancy and Childbirth Complications</td>
<td>Lack of Access to High-Quality Medical and Mental Health Care</td>
</tr>
</tbody>
</table>

Barriers Black Women Face in Accessing MMH Care

**Systemic and Interpersonal Racism**
The cumulative effect of systemic and interpersonal racism takes a toll on the physical and emotional health of black women. Stress, anxiety, and fear all increase the likelihood of developing MMH conditions.\(^8,12,13\)

**Distrust of the Healthcare System**
Historically, many Black people have been mistreated and harmed by medical providers, creating deep mistrust of the health care system.\(^9,12\)

**Shame and Stigma**
The pressure of social stigma encourages Black women to keep their problems private to avoid appearing crazy, weak, or lacking faith. Having to be a “strong Black woman” prevents many women from seeking help.\(^10,11,12\)

**Logistical Barriers**
Issues such as transportation, time off from work, and childcare can prevent women from seeking care.\(^10,11\)

**Screening Tools**
Most mental health screening tools were developed based on primarily white research participants. These tools do not assess for physical symptoms, which Black women often use to describe their feelings of depression.\(^14\)

**Family Policing and Separation**
Black families are disproportionately investigated by Child Protective Services: in the 20 most populous counties in the country, the mean rate of CPS investigations was 34%, but ranged from 40% to 70% for Black children. Family policing and separation contribute to the chronic stress that Black women and families face, and can deter a Black mother’s willingness to seek out mental health care and treatment.\(^10,11,18\)

Strategies to Remove These Barriers\(^8,10,13\)

- Acknowledge the role of racism and cultural oppression.
- Build long-term, respectful relationships with community organizations and leaders.
- Retrain and educate current health care professionals on culturally appropriate mental health curriculum.
- Support and uplift the solutions from patient advocacy groups along with grassroots and community-based organizations.
- Provide culturally based or culturally relevant or culturally appropriate social support for pregnant and postpartum people.
- Create mental health screening tools that are designed for women of color and screen universally.
- Support political and economic policies that help empower communities of color.
- Create and provide services informed by cultural humility and holistic care.
- Embed diversity in the maternal and mental health care teams.
Learn More From These Organizations Led By and For Black Women

Recommended Reading

Pregnant While Black: Advancing Justice for Maternal Health in America
By: Monique Rainford

Weathering: The Extraordinary Stress of Ordinary Life in an Unjust Society
By: Arline Geronimus

By: Dorothy E. Roberts

Editorial Team

This Fact Sheet was prepared by Niaja J.E. Nolan, MPH and former MMHLA Graduate School Intern, with input and assistance from the CDU Black Maternal Health Center of Excellence, Krystal Leaphart, Senior Policy Analyst at the National Birth Equity Collaborative, and Terri Wright, PhD, MPH. This fact sheet was funded by grants from the California Health Care Foundation and the W.K. Kellogg Foundation.

Citations