

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}



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, accounting for approximately 225 deaths each year.³



Most Individuals are Untreated, Increasing Risk of Negative Impacts

75% of individuals impacted by MMH conditions **REMAIN UNTREATED**, increasing the risk of long-term negative impacts on mothers, babies, and families.⁴



\$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



Certain Individuals are at Increased Risk for Experiencing MMH Conditions

High-risk groups include people of color, those impacted by poverty, military service members, and military spouses.^{6,7}



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. They include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.⁸



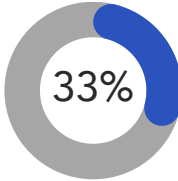
Learn More About Maternal Mental Health Conditions with MMHLA's [Fact Sheet](#).

Key Facts: Birth Trauma and Maternal Mental Health



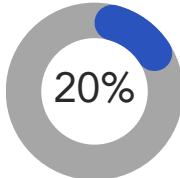
What is birth trauma?

Birth trauma, or a traumatic childbirth experience, refers to the birthing person's experiences of interactions and/or events directly related to childbirth that cause overwhelming and distressing emotions, leading to short- and/or long-term negative impacts on the birthing person's health, wellbeing, and relationships.⁹



1 in 3 birthing people report feeling traumatized by their childbirth experience.¹¹

1 in 5 birthing people report experiencing some form of mistreatment during pregnancy or childbirth.¹²



- A leading factor contributing to birth trauma is the birthing person's perception or experience of poor interpersonal care and/or communication.¹³
- Women of color are at increased risk for both poor interpersonal care and obstetric complications, increasing their risk for experiencing birth trauma.¹⁴
- The same birth can be experienced very differently by the patient, partner / witness, and provider.¹⁵
- Birth trauma can lead to a range of MMH conditions, including anxiety, depression, and post-traumatic stress disorder (PTSD).³⁶



Trauma is in the eye of the beholder: it depends on the subjective experience of the event. Two people may be present at the same event but may have very different experiences.

“What a mother perceives as birth trauma may be seen quite differently through the eyes of obstetric care providers, who may view it as a routine delivery and just another day at the hospital.”¹⁰

— Cheryl Tatano Beck

Quotes from Women who have Experienced Birth Trauma^{25, 26}

“The labor care has hurt deep In my soul and I have no words to describe the hurt.”

“I was treated like nothing.”

“I felt coerced into decisions or was mocked or rushed. It was a very dehumanizing and frustrating experience.”

“I hated being shouted at by the midwife. She was abusive and downright mean.”

“I was offered WIC repeatedly though I explained that I did not qualify. I believe it was because I am Latina and my partner is Black that we were repeatedly offered WIC.”

“When I mentioned my desires, I was belittled and made to feel incompetent.”

“I strongly believe my PTSD was caused by feelings of powerlessness and loss of control of what people did to my body.”

“I felt raped and my dignity was taken from me.”

“I am amazed that 3.5 hours in the labor and delivery room could cause such utter destruction in my life. It truly was like being the victim of a violent crime or rape.”

Factors Contributing to Birth Trauma

Physical Factors^{16, 17}

Definition	Examples
Significant physical injury, or threat / fear of injury or death, to the birthing person or to the baby. This includes obstetric interventions and maternal, infant, or postpartum complications.	<ul style="list-style-type: none"> • Emergency C-section or instrumental vaginal delivery • Experience of overwhelming pain or the denial of pain relief • 3rd or 4th degree perineal lacerations or tears • Unwanted or unannounced episiotomy • Complications with anesthesia • Manual removal of placenta • Urinary catheterization • Unplanned hysterectomy • Hemorrhage • Preeclampsia • Stillbirth/ infant death • Premature birth • Fetal distress or harm to baby • Separation from infant in NICU

Psychological Factors^{18, 19}

Definition	Examples
Threats generated by reproducing earlier psychological states (prolonged fear, terror, etc.), related to previous personal experience and/or intergenerational trauma.	<ul style="list-style-type: none"> • A birthing person who experienced sexual trauma earlier in life relives the trauma during childbirth. • A woman who was hospitalized for severe sciatica 20 years earlier relives the experience when the epidural needle she receives during labor hits a nerve. • A Black woman who is incarcerated is shackled during labor, raising the specter of the violence of slavery.

Care-Related Interpersonal Trauma^{20, 21, 22, 23}

Definition	Examples
Threats to psychological safety brought about by negative interactions with providers and/or the maternity care system itself.	<ul style="list-style-type: none"> • Feeling disrespected by health care providers. • Feeling abandoned or alone. • Feeling pushed, rushed, coerced, not seen or heard. • Feeling that embodied knowledge is disregarded. • Being yelled at, ignored, scolded, or threatened. • Poor communication (lack of proper translation, spotty and inadequate conveyance of important information, partial informed consent, un/misinformed by healthcare personnel, etc.) • Lack of agency; loss of control and participation in decision-making. • Medical providers talking about the birth as if the patient were not present.

Obstetric Violence and Mistreatment

Disrespect of Patient Rights

Obstetric violence occurs when a birthing person experiences mistreatment or disrespect of their rights, including being forced into procedures against their will, at the hands of medical personnel.²⁷

Loss of Autonomy

Mistreatment can also include loss of autonomy, being shouted at, scolded, or threatened, or being ignored.²⁷

Impacts of Racism on Birthing People

Complications, Deaths Higher for Women of Color

Women of color are 3-4 times more likely to experience complications during pregnancy and childbirth and die from these complications than white women.³¹

Intergenerational Trauma from Procedures Tested on Black Women without their Consent

Black women enter pregnancy and childbirth suffering the impacts of intergenerational trauma, including the knowledge that many obstetric and gynecologic procedures were tested on Black women without their consent and without pain medication.²⁹

Impacts of Birth Trauma

Maternal Mental Health Conditions

An estimated 4-6% of birthing people experience PTSD, and approximately 17% of birthing people will experience symptoms of post-traumatic stress.³⁷

Significant Psychological Distress

Birth trauma can cause significant psychological distress or harm to the birthing person, affecting both physical and mental health, and frequently impacting future reproductive health and decision-making.³⁶

Impact on Relationships

Birth trauma can negatively impact relationships between the parent and the infant (parent-child attachment in general and breastfeeding in particular); the partner (both emotional and sexual intimacy), and other children in the family.³²

Impact on Others Present During Labor and Delivery

Others present at the birth, including the father / partner and medical providers, may also be impacted by birth trauma.³³

Invasive, Painful Treatments

Patients can be subjected to painful gynecological procedures and invasive treatment without consent during pregnancy and childbirth.²⁷

1 in 5 U.S. Moms Experience Mistreatment

20% of U.S. mothers report experiencing some form of mistreatment during pregnancy and delivery care. Mistreatment during maternity care was higher among Black (30%), Hispanic (29%), and multiracial (27%) women.²⁸

Institutional Racism Results in Lower Quality of Care

Institutional racism in health care settings contributes to Black women receiving lower quality of care, such as giving birth in lower-quality hospitals and being subject to dangerous, demeaning, or humiliating treatment.^{30, 31}

Dismissal of Black Women in Treatment Decisions

Black women are often dismissed and not included as active participants in care decisions and treatment, increasing their risk of birth trauma.^{22, 29}



Individuals who experience birth trauma often attribute the cause of their experience primarily to (1) lack and/or loss of control and (2) issues of communication and practical/emotional support.

They often believe that their trauma could have been reduced or prevented by better communication and support from their medical provider or if they themselves had asked for more or fewer interventions.²⁴

Birth Trauma and Post-Traumatic Stress

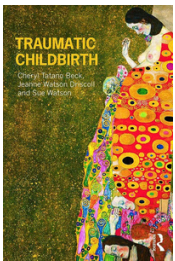
Symptoms of Post-Traumatic Stress³⁴

- Intrusive symptoms such as recurrent distressing memories, dreams, or flashbacks.
- Intense, prolonged distress and/or physiological reactions such as sweating, nausea, or trembling upon exposure to an aspect of the trauma.
- Alterations in arousal or reactivity, such as hypervigilance, irritability, inability to concentrate, or sleep disturbances.
- Efforts to avoid people, places, thoughts, feelings, or conversations associated with the trauma.

Risk Factors for Pregnancy or Childbirth Related Post-Traumatic Stress³⁵

- Depression or anxiety during pregnancy.
- Fear of childbirth (tokophobia).
- Complications during pregnancy or childbirth.
- Lack of support during childbirth.
- Dissociation during childbirth.
- History of sexual trauma.
- Previous experience of fertility issues or pregnancy loss.

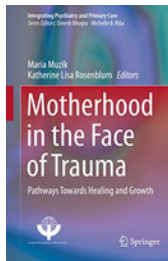
Recommended Reading



Traumatic Childbirth

By: Cheryl Tatano Beck, Jeanne Watson Driscoll, and Sue Watson

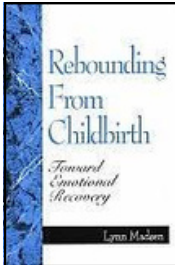
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Motherhood in the Face of Trauma

By: Maria Muzik and Katherine Rosenblum

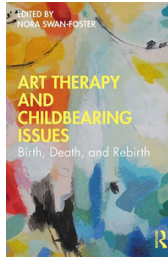
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Rebounding From Childbirth: Toward Emotional Recovery

By: Lynn Maden

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Art Therapy and Childbearing Issues

By: Nora Swan-Foster

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"It is the birthing person's subjective experience of being traumatized that is the starting point for healing interventions."

— Leslie Butterfield, PhD

Editorial Team

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