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.\textsuperscript{1,2}

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.\textsuperscript{4}

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.\textsuperscript{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.\textsuperscript{5}

Timing and Onset of Anxiety and Depression
Of women who experience anxiety or depression in the postpartum period.\textsuperscript{6}

<table>
<thead>
<tr>
<th>Perinatal</th>
<th>From conception through full year postpartum.</th>
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<tbody>
<tr>
<td>Antenatal / prenatal</td>
<td>During pregnancy.</td>
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<tr>
<td>Postpartum / postnatal</td>
<td>First year following pregnancy.</td>
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<tr>
<td>Postpartum Depression / PPD / Postpartum</td>
<td>An umbrella term describing mood changes following pregnancy.</td>
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<tr>
<td>Perinatal mood disorders (PMDs) or perinatal mood and anxiety disorders (PMADs)</td>
<td>Various terms used to describe mental health conditions during the perinatal timeframe.</td>
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<tr>
<td>Maternal mental health (MMH) or perinatal mental health (PMH) challenges / complications / conditions / disorders / illnesses</td>
<td></td>
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<tr>
<td>Women, mothers, childbearing people, birthing people</td>
<td>MMHLA uses these terms to refer to individuals who are capable of giving birth, and not to refer to gender identity. We strive to use inclusive terms whenever possible.</td>
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</tbody>
</table>

If untreated, symptoms of MMH conditions can last up to 3 years.\textsuperscript{7}
Range of MMH Conditions, Prevalence, and Symptoms

**Baby Blues**  
- Up to 85% of childbearing individuals.  
- Normal period of transition.  
- Typically include emotional sensitivity, weepiness, and/or feeling overwhelmed.  
- Likely associated with the significant changes in hormones in the immediate postpartum period.  
- Resolves without treatment within 2-3 weeks following childbirth.

**Depression**  
- 14% of childbearing individuals.  
- Change in appetite, sleep, energy, motivation, concentration.  
- Negative thinking including guilt, helplessness, hopelessness, worthlessness.  
- Irritable, angry, rageful.  
- Lack of interest in the baby.  
- Low self-care.  
- Intrusive or scary thoughts; thoughts of harming self or baby.

**Anxiety Disorders**  
- 6-8% of childbearing individuals.  
- Feeling easily stressed, worried, overwhelmed, tense.  
- Panic attacks, including shortness of breath, rapid pulse, dizziness, chest or stomach pain.  
- Fear of going crazy or dying.  
- Intrusive or scary thoughts; thoughts of harming self or baby.  
- Fear of going outside.  
- Sleep disturbances; difficulty falling or staying asleep, even if baby is sleeping.

**Post-Traumatic Stress Disorders**  
- 9% of childbearing individuals.  
- Change in cognition, mood, arousal associated with traumatic events, typically around childbirth.  
- Avoidance of stimuli associated with the traumatic event.  
- Feeling constantly keyed up or on guard.  
- Learn more about birth trauma and PTSD with MMHLA’s Birth Trauma and Maternal Mental Health Fact Sheet.

**Bipolar Disorder**  
- 3% of childbearing individuals.  
- Manic or hypomanic episodes alternate with depressive episodes.  
- Unusual shifts in mood, energy, activity levels, and ability to carry out day-to-day tasks.  
- NOTE: Women with bipolar disorder are extremely vulnerable to recurrence during pregnancy and have an increased risk for postpartum depression and psychosis.

**Obsessive-Compulsive Disorder**  
- 4% of childbearing individuals.  
- Disturbing, repetitive, intrusive thoughts which may include thoughts of harming self or baby; these thoughts cause the individual great distress (i.e. thoughts are ego-dystonic).  
- Compulsive behaviors, such as checking, in response to intrusive thoughts or in an attempt to make the thoughts stop or go away.

**Psychosis — MEDICAL EMERGENCY**  
- 1-2 women per 1,000 births.  
- Most significant and least frequent mental health condition occurring during the perinatal period.  
- Increases the risk of infanticide and/or suicide.  
- Symptoms include delusions, hallucinations, paranoia, rapid mood swings, cognitive impairment, focus on death, reckless behavior.  
- Thoughts are ego-syntonic, meaning they do not cause the individual distress.  
- Onset is sudden, usually within 1-2 weeks following childbirth.  
- The mother should be under the care of a medical provider or taken to the emergency room for assessment and care.  
- Learn more with MMHLA’s Pregnancy and Postpartum Psychosis Fact Sheet.

**Substance Use Disorder (SUD)**  
- Often co-morbid.  
- Most-frequently used substances: tobacco, alcohol, marijuana, cocaine, opioids.  
- Women are at the highest risk for SUD during reproductive years, especially if access to mental health services is limited.  
- Most women who use substances often decrease their use during pregnancy. Those who can quit on their own usually do so, which is the distinguishing factor between substance use and SUD.  
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Causes of MMH Conditions

**Biological:** The dramatic change in hormones during pregnancy and in the immediate postpartum period can have a significant impact on mood.\(^\text{23}\)

**Psychological:** Some individuals struggle with changes in roles, relationships, and responsibilities that come with the transition to parenthood.\(^\text{24}\)

**Social:** The childbearing years often include changes in jobs, homes, and finances that can add stress. External factors, such as isolation during the COVID-19 pandemic, can add to or increase feelings of anxiety or depression.

Consequences of Untreated MMH Conditions

**On Mothers**
Women with untreated MMH conditions during pregnancy are more likely to:\(^\text{26, 27}\)
- Have poor prenatal care.
- Use substances such as alcohol, tobacco, or drugs.
- Experience physical, emotional, or sexual abuse.

Women with untreated MMH conditions postpartum are more likely to:\(^\text{28}\)
- Be less responsive to their baby’s cues.
- Have fewer positive interactions with their baby.
- Experience breastfeeding challenges.
- Question their competences as mothers.

**On Infants**
- Preterm birth, small for gestational size, low birth weight.\(^\text{27, 29}\)
- Stillbirth.\(^\text{27}\)
- Longer stay in the neonatal intensive care unit.\(^\text{30}\)
- Excessive crying.\(^\text{31}\)

Untreated MMH conditions in the parent can increase the risk for:
- Impaired parent-child interactions.\(^\text{31}\)
- Behavioral, cognitive, emotional delays in the child.\(^\text{32}\)
- Adverse childhood experiences.\(^\text{33}\)

**On Parents**
- Make more trips to the emergency department or doctor’s office.
- Find it challenging to manage their child’s chronic health conditions.
- Not adhere to guidance for safe infant sleep and car seat usage.

Individuals experiencing MMH conditions might say...

“Having a baby was a mistake.”

“I’m such a bad mother, my baby and family would be better off without me.”

“I’m exhausted but can’t sleep, even when the baby sleeps.”

“I feel like I’m drowning.”

“I want to run away.”

“I’m afraid to be alone with my baby.”

“I’m not bonding with my baby.”

“I was so embarrassed to say that I have postpartum depression out loud. It felt dirty, like it was a contagious disease.”
Racial and Cultural Considerations

**Increased Risk:** Women of color are 3-4 times more likely to experience complications during pregnancy and childbirth and die from these complications than white women.\(^{36}\)

**Intergenerational Trauma:** 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.\(^{37}\)

**Institutional Racism:** Institutional racism in health care settings contributes to Black women receiving lower quality of care – such as giving birth in lower-quality hospitals – as well as being subject to dangerous, demeaning, or humiliating treatment.\(^{36, 37}\)

Impact on Non-Birthing Parents

**Fathers, Partners, Adoptive Parents At-Risk:** Non-birthing parents – including fathers, partners, adoptive parents – are also at risk for experiencing mental health conditions related to pregnancy and parenting.\(^{38, 39}\)

**1 in 10 Fathers:** As many as 1 in 10 fathers experience postpartum depression, with maternal depression as the #1 predictor of paternal depression.\(^{38}\)

**Grief and Loss:** Parents involved in adoption – both the birthing parents and the adopting parents – can also experience strong emotions, including grief and loss.\(^{39}\)

Barriers to Accessing Care

- Feelings of shame, stigma, guilt.\(^{16}\)
- Expense and/or lack of access to healthcare.\(^{16}\)
- Social biases in the healthcare system.\(^{16, 17}\)
- Logistical challenges, such as lack of transportation or childcare.\(^{17}\)
- Distrust of the healthcare system.\(^{16}\)
- Fear that child protective services or immigration agencies will become involved.\(^{18, 19}\)
- Fear of being considered a “bad mom.”\(^{16}\)
- Racial, cultural, and religious beliefs.\(^{16}\)
Treatment for Maternal Mental Health (MMH) Conditions

Most MMH conditions are temporary and treatable. Almost all individuals who experience MMH conditions can recover from a combination of self-care, social support, therapy / counseling, and medication. Learn more about treatment options with MMHLA’s Steps to Wellness Fact Sheet.

### Self-Care

- **SLEEP.** Getting 4-5 hours of uninterrupted sleep is one of the most effective, least expensive things a new parent can do to start feeling better.\(^{20, 40}\)
- **NUTRITION.** Lactating parents should eat / drink every time the baby eats to maintain calorie intake and hydration.\(^{20, 40}\)
- **MOVEMENT.** Light exercise (stretching, walking) and getting outdoors every day can have a significant positive impact on mood.\(^{20, 40}\)
- **LIGHT.** Going outdoors for 20-60 minutes or using bright light therapy can help with perinatal depression.\(^{20, 40}\)
- **TIME FOR ONESELF.** Taking even a few minutes to recharge and rejuvenate – such as taking an interrupted shower – can increase feelings of well-being.\(^{20, 40}\)

### Peer / Social Support \(^{20, 28}\)

New parents can feel isolated and alone during the intense period of caring for a newborn. Social support is vital during this time, and can include emotional support, companionship, information and resources, and tangible support such as preparing meals or running errands.

### Mindfulness & Mindful Breathing \(^{20, 42}\)

Mindfulness-based interventions have shown to be helpful with stress, anxiety, and depression in the perinatal population.

### Therapy / Counseling \(^{21}\)

Counseling during the perinatal period is often short-term, pragmatic, and focused on symptom relief and coping skills. Cognitive behavioral therapy and interpersonal therapy are evidence-based therapeutic techniques proven supportive during the perinatal timeframe.

### Medication \(^{21, 43}\)

Sometimes medication is required to treat MMH conditions; fortunately, there are safe and effective medications to manage mood during pregnancy and lactation. Decisions about medication are best made in consultation with obstetric and psychiatric providers.

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Maternal Mental Health Resources

**National Maternal Mental Health Hotline**

For individuals who are not in crisis but need real-time support and assistance for maternal mental health conditions.

- 1-833-TLC-MAMA (1-833-852-6262)
- 24 / 7 / 365 response within 5 minutes
- Voice and text
- English and Spanish
- Other languages available via translator

For more resources go to mmhla.org/resource-hub.

**Postpartum Support International Helpline**

For individuals who are not in crisis but need resources and referrals for maternal mental health conditions.

- 1-800-944-4773
- Online support groups
- Peer mentor program
- Volunteer coordinators in all states
- Provider directory
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