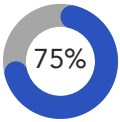


Key Facts: Maternal Mental Health (MMH) Conditions



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}



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



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 their spouses, and women Veterans.⁶⁻⁸



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. They include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.⁹

Key Facts: Military and Veteran Women^{10, 50}

	Service Members (Active Duty)	Spouses (Dependents)	Veterans (Formerly Active Duty)
Total	1.4 million	1 million	16 million
Women	230,000	920,000	2 million
% Women	17%	92%	10%
#giving birth annually	16,000	85,000	~10,000

This Fact Sheet provides information about **three groups of women** who are all at **increased risk** for experiencing MMH conditions for reasons unique to the **military culture**.^{7,8}

- 1 Active-duty service members.
- 2 Spouses or family members of active-duty service members, often referred to as "dependents."
- 3 Women Veterans (i.e. women who served in the military but are no longer on active-duty).

Military: Maternal Mental Health

- Each year, approximately **16,000 active-duty** service members and **85,000 military spouses give birth.**^{7,17}
- An estimated **35% of these individuals experience MMH conditions,**⁷ with one study showing that **50% of mothers with deployed spouses** experience postpartum depression.¹⁸
- As many as **40% of women service members** report experiencing sexual assault.¹⁹
- Women service members with a personal history of **deployment experience MMH conditions at twice the rate** of non-deployed women.⁷



Female service members are uniquely impacted: not only do they perceive stigma related to mental illness, but also stigma associated with gender. Showing emotion, being vulnerable, feeling fear, and seeking help are associated with femininity, rather than the masculinity that underlies the military mindset.¹⁴

Increased Risk

Service members and their spouses are at increased risk for MMH conditions due to circumstances unique to the military, including:

- **Frequent moves and separations** for training and deployment, which can decrease social support systems.^{15, 20}
- **Prolonged separations** that disrupt family structure and routines, which adversely affect stress levels.^{15, 20}
- **Concern for the service member's safety** while they are deployed.^{15, 20}
- **Dual-military relationships**, which can increase stress about childcare, deployments, and career advancement.¹⁷

Increased Barriers to Care

Service members and their spouses may not seek mental health care for a variety of reasons, including:

- **Military culture** which emphasizes self-reliance, strength, hierarchy, and "service before self."⁷
- **Logistics**, such as childcare and transportation.⁷
- **Availability of specialized mental health care**, especially while deployed.⁷
- **Fear** that acknowledging mental health issues or seeking mental health care will:
 - Negatively impact the service member's career or security clearance eligibility.^{7, 21}
 - Imply that the individual is "weak."⁷
 - Be shared with supervisors (the Chain of Command).¹⁴

Quotes from Military Mothers About MMH^{7,29,30}

“ You are told to just 'suck it up' or 'put your big-girl panties on' and just deal with it. ”

“ I was afraid I would lose my security clearance if I took anti-depressant medication. ”

“ When I got pregnant, I was told that not only did you let the entire crew down, but as soon as you have your child you have 15 weeks to recover, and you are getting sent to Saudi Arabia for 6 months. Find someone to raise your child. ”

“ I lied on the screening because I was afraid my child may be taken away from me. ”

“ You are not allowed to have depression, you are not allowed to have anxiety, so you hold it all in and you can't show that stuff at work. ”

“ Spouses are afraid to 'rock the boat' for their spouse or get them in trouble. ”

Examples of Programs Supporting Pregnant and Postpartum People in the Military

CenteringPregnancy® ^{22,23}	TRICARE Childbirth and Breastfeeding Demonstration ²⁴	New Parent Support Program (NPSP) ²⁵
<p>CenteringPregnancy® is a model of group prenatal care that brings together 8-10 women who have similar birth due dates; this program has been implemented at almost 50 military sites worldwide since 2010.</p> <p>CenteringPregnancy® helps build social connections to and support from other group members, which is particularly important for military mothers. CenteringPregnancy® has shown to have positive impacts on women’s mental health.</p> <p>However, CenteringPregnancy® can present unique social challenges if individuals of different ranks or individuals within the same chain of command are in the same group.</p>	<p>The Department of Defense launched a 5-year pilot project in 2022 to provide doula and lactation support for TRICARE beneficiaries (i.e. active duty service members and their dependents).</p> <p>The purpose of the demonstration is to study the impact of doula and lactation services on cost, quality of care, and maternal and fetal outcomes for the TRICARE population.</p> <p>As of October 2023, Military Treatment Facilities (MTF) are excluded from this demonstration, disproportionately affecting active duty service members who typically give birth at MTFs.</p>	<p>NPSP is a free voluntary program for service members and their families.</p> <p>The goal of NPSP is to help families thrive by empowering parents with information about prenatal health, infant care and feeding, early child development, bonding with baby, safe sleep environments, parenting education, and more.</p> <p>The NPSP team includes nurses, social workers, and home visiting specialists who provide one-on-one support and education.</p> <p>Parents are eligible to receive home visits, referrals to other community resources, prenatal and parenting classes, and playgroups.</p>

The Department of Defense (DoD)

The Department of Defense is taking additional steps to better support both maternal health and mental health, including:

- Embedding mental health in obstetric clinics, reducing both barriers and stigma in accessing mental health care.⁷
- Promoting new parental leave benefits that provide 12 weeks of paid, non-chargeable leave to service members welcoming a child into their family through birth, adoption, or long-term foster-care placement.²⁶
- Reimbursing service members and civilian employees for shipping breastmilk when on official travel.²⁷
- Revising policy about notifying military commanders when service members seek mental health or substance use care.²⁸
- Hiring roughly 2,500 new personnel over the next 6 years to address risk for mental illness and substance use.²⁸
- Strengthening suicide prevention services for service members.²⁸

Learn More About Military and Veteran Women

- [!\[\]\(511a36c244659513b679df9c639945de_img.jpg\) Health Care for Women in the Military and Women Veterans \(American College of Obstetricians & Gynecologists\)](#)
- [!\[\]\(2c0783baf87a2728b2fe49eb1c34c456_img.jpg\) Military Culture: Working With Veterans](#)
- [!\[\]\(7cfb20e3a97beaa6243bf39ce8dc849f_img.jpg\) The VA’s Community Providers Toolkit on Women Veterans](#)
- [!\[\]\(4ec82d7d2c97e7458ec11741fc48dcdc_img.jpg\) Understanding Military Culture: A Primer in Cultural Competence Working With Military Members and Families](#)
- [!\[\]\(8a3eeabae8fd8c34f983be60adf65fec_img.jpg\) Understanding Military Culture: Clinical Considerations from the American Psychological Association](#)
- [!\[\]\(f8c4514865ca6cc7d15601f5b468a267_img.jpg\) Why Know About Military Culture \(Uniformed Services University, Center for Deployment Psychology\)](#)

Women Veterans: Maternal Mental Health

- There are approximately 2 million women Veterans (10% of the total Veteran population) and approximately **4,000 women Veterans give birth each year.**^{31,32,36}
- 28% of pregnant Veterans and 40% of postpartum Veterans experience MMH conditions.^{41,42}
- Women Veterans consider mental health care to be very important during the perinatal period and report wanting better access to mental health care resources and peer support networks.³⁷



Women Veterans are 2 times more likely to die by suicide than non-Veteran women.^{31,38}

Increased Risk

Women Veterans are at increased risk for MMH conditions due to their high prevalence of histories of trauma.

- **1 in 3 women Veterans report military sexual trauma**, which increases risk for MMH conditions.³⁹
- Veterans have **higher rates of Adverse Childhood Experiences** than civilians.⁴⁰
- Women Veterans are **twice as likely to die by suicide** as non-Veteran women.^{31,38}

Increased Barriers to Care

Veterans report barriers to accessing mental health care, including:⁴³

- Concern about **stigma** and what others think.
- Financial, personal, and physical **obstacles**.
- Lack of confidence in the **VA healthcare** system.
- Navigating **VA benefits and health care** services.
- **Privacy, security, and abuse of services.**

Examples of Programs Supporting Women Veterans

Support and Care Coordination

The VA provides specific support and care coordination for women Veterans, including:

- Women Veterans Call Center (855-VA-WOMEN); trained women representatives assist with enrolling in VA health care, finding resources, and setting up appointments.⁴⁸
- Maternity Care Coordinators to help make connections with community obstetric providers, offer support during and following pregnancy, and answer medical billing questions.⁴⁴⁻⁴⁶
- Women Veterans Program Managers in every VA Medical Center to advise and advocate for women Veterans and help coordinate services.³¹
- Women's Mental Health (WMH) Champions to serve as local points of contact for advancing WMH services and communicating WMH needs.³¹
- Mental health experts – psychiatrists, psychologists, social workers, nurses, and peer specialists – who specialize in care for women Veterans.⁴⁷

Reproductive Mental Health (RMH) Consultation Program

The RMH Consultation Program allows clinicians at any VA healthcare facility to receive consultation (via email) from a multi-disciplinary mental health team on a wide range of women's mental health conditions.

Topics include premenstrual, perinatal, and perimenopausal mental health, as well as contraception, infertility, perinatal loss, breast and gynecologic cancers, and gynecologic comorbidities.³⁴

Doulas for Women Veterans of Color

The VA is conducting a pilot project studying the impact of doulas on rates of Cesarean section deliveries among Black women Veterans. While the average rate for Cesarean sections is 32%, the rate for Black women Veterans ranges from 40-60%.⁴⁹

Military Culture

Understanding the unique military culture is necessary to appreciate the impact it may have on the mental health of military mothers and women Veterans.

Hierarchical and male-dominated

The psychosocial milieu of life in the military – a hierarchical and male-dominated culture that often perpetuates differential treatment based on class, rank, and gender – impacts all aspects of life, for both the service member and his / her / their family.¹⁴

Military rank & values affect everything

Military rank and values define how service members, and by extension their families, live and work—driving all aspects of life: thoughts, decisions, communication, and actions.¹⁵

Expected to be in control of emotions at all times

Service members are expected to be disciplined in their actions and words and to be in control of their emotions at all times.¹⁵

Those struggling can be ostracized

In the military environment, individuals who are perceived to be not mentally or physically tough may be looked down upon or even ostracized.

Mental health challenges seen as weakness

Experiencing mental health challenges, or seeking mental health care, can be seen as a sign of weakness or lack of unprofessionalism, which are the antithesis of military culture.^{14,16}

Resources to Support Military and Veteran Mothers



Postpartum Support International provides a free online weekly support group for military families, as well as specialized coordinators for military and Veteran parents.

[Learn More](#)



The Military Birth Resource Network and Postpartum Coalition provides support to fill gaps and ensure continuity of care, and hosts the Military Birth Talk podcast featuring birth stories told through the unique lens of birthing in the military.

[Learn More](#)



The Veterans Crisis Line provides 24/7 confidential crisis support for Veterans and their loved ones.

[Learn More](#)

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HEARING LOSS CALL TTY: 800-799-4889

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- Fawcett, E. J., Fairbrother, N., Cox, M. L., White, I. R., & Fawcett, J. M. (2019). The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. *The Journal of Clinical Psychiatry*, 80(4). <https://doi.org/10.4088/JCP.18r12527>
- Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal Depression: A Systematic Review of Prevalence and Incidence. *Obstetrics and Gynecology*, 106(5 Part 1), 1071–1083. <https://doi.org/10.1097/01.AOG.0000183597.31630.db>
- Trost, S., Beauregard, J., Chandra, G., Njie, F., Berry, J., Harvey, A., & Goodman, D. A. (2022). *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019*. Centers for Disease Control and Prevention, US Department of Health and Human Services. www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html
- Byatt, N., Levin, L. L., Ziedonis, D., Moore Simas, T. A., & Allison, J. (2015). Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: A Systematic Review. *Obstetrics and Gynecology*, 126(5), 1048–1058. <https://doi.org/10.1097/AOG.0000000000001067>
- Luca, D. L., Margiotta, C., Staatz, C., Garlow, E., Christensen, A., & Zivin, K. (2020). Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. *American Journal of Public Health*, 110(6), 888–896. <https://doi.org/10.2105/AJPH.2020.305619>
- Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2019). *Eliminating Racial Disparities in Maternal and Infant Mortality A Comprehensive Policy Blueprint*. Center for American Progress. www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/
- United States Government Accountability Office (2022). *Defense Health Care, Prevalence of and Efforts to Screen and Treat Mental Health Conditions in Prenatal and Postpartum TRICARE Beneficiaries* (Report No. GAO-22-105136). <https://www.gao.gov/assets/gao-22-105136.pdf>
- Committee on Health Care for Underserved Women, American College of Obstetricians and Gynecologists. (2012). *Health care for women in the military and women Veterans*. Committee Opinion No. 547. *Obstetrics & Gynecology*, 120, 1538–1542. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/12/health-care-for-women-in-the-military-and-women-veterans>
- Postpartum Support International, (2023). <https://www.postpartum.net/learn-more>
- Council on Foreign Relations. (2020, July 13). *Demographics of the U.S. Military*. www.cfr.org/backgroundunder/demographics-us-military
- Military Benefit Association. (2021, May). *“What is TRICARE?”* www.militarybenefit.org/get-educated/what-is-tricare/
- U.S. Department of Veterans Affairs. *Veterans Health Administration*. (2023, October 24). <https://www.va.gov/health/>
- Shaw, J. G., Joyce, V. R., Schmitt, S. K., Frayne, S. M., Shaw, K. A., Danielsen, B., Kimerling, R., Asch, S. M., & Phibbs, C. S. (2018). Selection of Higher Risk Pregnancies into Veterans Health Administration Programs: Discoveries from Linked Department of Veterans Affairs and California Birth Data. *Health Services Research*, 53(Suppl 3), S260–S284. <https://doi.org/10.1111/1475-6773.13041>
- Trego, L.L. & Wilson, C. (2021). A Social Ecological Model for Military Women's Health. *Women's Health Issues*, 31 Suppl 1, S11-S21. <https://doi.org/10.1016/j.whi.2020.12.006>
- Halvorson, A., Taitt, S. B., Whitter, M., & Woll, P. (2010). *Understanding the Military: The Institution, The Culture, and The People* [White paper]. Substance Abuse and Mental Health Services Administration. www.samhsa.gov/sites/default/files/military_white_paper_final.pdf
- Reit, R. (2017). *The Relationship between the Military's Masculine Culture and Service Members' Help-Seeking Behaviors*. [Master's Thesis, Marquette University] http://epublications.marquette.edu/theses_open/410
- Garcia, V., Meyer, E., & Witkop, C. (2022). Risk Factors for Postpartum Depression in Active Duty Women. *Military Medicine*, 187(5-6), e562–e566. <https://doi.org/10.1093/milmed/usab161>
- Schachman, K. & Lindsey, L. (2013). A resilience perspective of postpartum depressive symptomatology in military wives. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 42(2), 157–167. <https://doi.org/10.1111/1552-6909.12007>
- Kintzle, S., Schuyler, A. C., Ray-Letourneau, D., Ozuna, S. M., Munch, C., Xintarianos, E., Hasson, A. M., & Castro, C. A. (2015). Sexual trauma in the military: Exploring PTSD and mental health care utilization in female veterans. *Psychological Services*, 12(4), 394–401. <https://doi.org/10.1037/ser0000054>
- Verdeli, H., Baily, C., Vusourra, E., Belsler, A., Singla, D., & Manos, G. (2011). The Case for Treating Depression in Military Spouses. *Journal of Family Psychology*, 25(4):488–496. <https://doi.org/10.1037/a0024525>
- Defense Counterintelligence and Security Agency. (2020, October 15). *Mental Health and Security Clearances: Frequently Asked Questions* [Fact Sheet]. www.dcsa.mil/Portals/91/Documents/pv/DODCAF/resources/DCSA-FactSheet_Mental-Health.pdf
- Elliott, W. P. (2016, November 18). *Centering Prenatal Care Around You*. United States Army Website. www.army.mil/article/178532/centering_prenatal_care_around_you
- Fowler, T. T., Marshall-Aiyelawo, K., Frazier, C., Holden, C., & Dorris, J. (2020). Health Care Experience Among Women Who Completed Group Prenatal Care (CenteringPregnancy) Compared to Individual Prenatal Care Within Military Treatment Facilities. *Journal of Patient Experience*, 7(6), 1234–1240. <https://doi.org/10.1177/2374373520925275>
- Kime, P. (2021, November 1). TRICARE to Cover Doulas, Lactation Consultants for Some Starting Jan 1. *Military Advantage*. <https://www.military.com/daily-news/2021/11/01/tricare-cover-douglas-lactation-consultants-some-starting-jan-1.html>
- Military One Source. (n.d.). *New Parent Support Program*. <https://www.militaryonesource.mil/benefits/new-parent-support-program/>
- U.S. Department of Defense. (2023, March 22). *DoD Announces Six New Measures to Enhance Well-Being of Military Force and Their Families* [Press Release]. www.defense.gov/News/Releases/Release/Article/3338023/dod-announces-six-new-measures-to-enhance-well-being-of-military-force-and-their/
- U.S. Department of Defense. (2022, April 14). *DoD Announces Revision to Joint Travel Regulations Authorizing Shipment of Breast Milk as a Travel Accommodation* [Press Release]. www.defense.gov/News/Releases/Release/Article/3000241/dod-announces-revision-to-joint-travel-regulations-authorizing-shipment-of-breast/
- The White House. (2022, May 31). *Biden-Harris Administration Highlights Strategy to Address the National Mental Health Crisis* [Fact Sheet]. www.whitehouse.gov/briefing-room/statements-releases/2022/05/31/fact-sheet-biden-harris-administration-highlights-strategy-to-address-the-national-mental-health-crisis/
- Edwards, J. (2021). *Postpartum Depression and Military Women. Electronic Theses, Projects, and Dissertations*, 1256. <https://scholarworks.lib.csusb.edu/etd/1256/>
- Rozza, J. (2020, September 20). *Military Moms and Post-Partum Depression*. 22untilNone.org. <https://www.22untilnone.org/post/military-moms-and-post-partum-depression-by-jessica-rozza>
- U.S. Department of Veterans Affairs. (n.d.). *Community Provider Toolkit – Women Veterans*. www.mentalhealth.va.gov/communityproviders/women-women.asp
- U.S. Department of Veterans Affairs. (n.d.). *Women Veterans Health Care – Facts and Statistics* [Fact Sheet]. www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp
- U.S. Department of Veterans Affairs Office of Inspector General. (2023). *Review of Veterans Health Administration Reproductive Health Services* (Report No. VA OIG 22-03931-226). <https://www.va.gov/oig/pubs/VAOIG-22-03931-226.pdf>
- Miller, L. J., Rowlands, S., Esposito, L., Altemus, M., & Strauss, J. L. (2022). The Veterans Health Administration Reproductive Mental Health Consultation Program: An Innovation to Improve Access to Specialty Care. *Journal of General Internal Medicine*, 37(Suppl 3), 833–836. <https://doi.org/10.1007/s11606-022-07583-5>
- Katon, J. G., Tartaglione, E. V., Eleazer, J. R., Frayne, S. M., Haeger, K. O., Schule, A. K. R., Luo, S., Offer, C., Phibbs, C. S., Rose, D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care*. Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs. <https://www.womenshealth.va.gov/WOMENSHEALTH/docs/VHA-VH-Reproductive-Health-Report-2023.pdf>
- Kesler, C., Korshak, L., Katon, J. G., & Johnson, A. (2020). *Women Veterans & Pregnancy Complications Information Brief*. Office of Health Equity, Veterans Health Administration, Department of Veterans Affairs. https://www.va.gov/HEALTH/EQUITY/Women_Veterans_and_Pregnancy_Complications.asp#:~:text=The%20number%20of%20deliveries%20that,and%20delivery%2C%20and%20postpartum%20care
- Kroll-Desrosiers, A., Kinney, R. L., Marteeny, V., & Mattocks, K. M. (2022). Exploring the Acceptability of Expanded Perinatal Depression Care Practices Among Women Veterans. *Journal of General Internal Medicine*, 37(Suppl 3), 762–769. <https://doi.org/10.1007/s11606-022-07573-7>
- U.S. Department of Veterans Affairs. (2021, November). *Women Veterans: Reproductive Health and Suicide Risk* [Fact Sheet]. www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-Women-Veterans-Reproductive-Health-and-Suicide-Risk.pdf
- Gross, G. M., Kroll-Desrosiers, A., & Mattocks, K. A. (2020). A Longitudinal Investigation of Military Sexual Trauma and Perinatal Depression. *Journal of Women's Health*, 29(1), 38-45. <https://pubmed.ncbi.nlm.nih.gov/31560602/>
- Katon, J. G., Lehavot, K., Simpson, T. L., Williams, E. C., Barnett, S. B., Grossbard, J. R., Schure, M. B., Gray, K. E., & Reiber, G. E. (2015). Adverse Childhood Experiences, Military Service, and Adult Health. *American Journal of Preventive Medicine*, 49(4), 573-582. <https://doi.org/10.1016/j.amepre.2015.03.020>
- Kroll-Desrosiers, A.R., et al. (2019). Rates and Correlates of Depression Symptoms in a Sample of Pregnant Veterans Receiving Veterans Health Administration Care. *Women's Health Issues*, Jul-Aug;29(4):333-340. <https://www.sciencedirect.com/science/article/abs/pii/S1049386718304869>
- Combellick, J. L., Gaffey, A. E., Driscoll, M. A., Foley, T., Ronzitti, S., Dziura, J., Bastian, L. A., Zephyrin, L. C., Mattocks, K. M., & Haskell, S. G. (2020). Postpartum Depression in a Cohort of Post-9/11 Women Veterans: The Role of Military Stress and Trauma. *Military Behavioral Health*, 8(3), 345-352. <https://doi.org/10.1080/21635781.2020.1751351>
- Cheney, A. M., Koenig, C. J., Miller, C. J., Zamora, K., Wright, P., Stanley, R., Fortney, J., Burgess, J. F., & Pyne, J. M. (2018). Veteran-centered barriers to VA mental healthcare services use. *BMC Health Services Research*, 18(1), 591. <https://doi.org/10.1186/s12913-018-3346-9>
- Cordasco, K. M., Katzburg, J. R., Katon, J. G., Zephyrin, L. C., Chrystal, J. G., & Yano, E. M. (2018). Care coordination for pregnant veterans: VA's Maternity Care Coordinator Telephone Care Program. *Translational Behavioral Medicine*, 8(3), 419–428. <https://doi.org/10.1093/tbm/ibx081>
- Goldman, M. (2023, September 29). *Veterans To Get Extended Postpartum Care Services*. Axios. <https://www.axios.com/2023/09/29/pregnancy-veterans-postpartum-support>
- Senator Susan Collins. (2021, November 31) Collins, Duckworth's Bipartisan Protecting Moms Who Served Act Signed Into Law [Press Release]. www.collins.senate.gov/newsroom/collins-duckworth%E2%80%99s-bipartisan-protecting-moms-who-served-act-signed-law
- U.S. Department of Veterans Affairs. (2023, August 23). *Women Veterans – Mental Health*. <https://www.mentalhealth.va.gov/women-vets/index.asp>
- U.S. Department of Veterans Affairs. (2023, March 31). *Women Veterans Call Center*. <https://www.womenshealth.va.gov/wvcc.asp>
- Spencer, S. E.W. (2021, December 8). *VA pilot grant led by Kristin Mattocks to study doula care among pregnant women veterans of color*. UMass Chan Medical School News. <https://www.umassmed.edu/news/news-archives/2021/12/va-pilot-grant-led-by-kristin-mattocks-to-study-doula-care-among-pregnant-women-veterans-of-color/>
- VHA Support Service Center Capital Assets (VSSC). U.S. Department of Veterans Affairs. <https://www.data.va.gov/dataset/VHA-Support-Service-Center-Capital-Assets-VSSC-2fr5-sktn>