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% 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\(^10,50\)

<table>
<thead>
<tr>
<th></th>
<th>Service Members (Active Duty)</th>
<th>Spouses (Dependents)</th>
<th>Veterans (Formerly Active Duty)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1.4 million</td>
<td>1 million</td>
<td>16 million</td>
</tr>
<tr>
<td>Women</td>
<td>130,000</td>
<td>920,000</td>
<td>2 million</td>
</tr>
<tr>
<td>% Women</td>
<td>17%</td>
<td>92%</td>
<td>10%</td>
</tr>
<tr>
<td>#giving birth annually</td>
<td>16,000</td>
<td>85,000</td>
<td>~10,000</td>
</tr>
</tbody>
</table>

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).
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.

### 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.  
  - Imply that the individual is “weak.”  
  - Be shared with supervisors (the Chain of Command).  
  - [14](#)

### Quotes from Military Mothers About MMH

- "You are told to just ‘suck it up’ or ‘put your big-girl panties on’ and just deal with it."
- "I lied on the screening because I was afraid my child may be taken away from me."
- "I was afraid I would lose my security clearance if I took anti-depressant medication."
- "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."
- "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."
- "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

<table>
<thead>
<tr>
<th>CenteringPregnancy®</th>
<th>TRICARE Childbirth and Breastfeeding Demonstration</th>
<th>New Parent Support Program (NPSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. 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. 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.</td>
<td>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). 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. 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.</td>
<td>NPSP is a free voluntary program for service members and their families. 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. The NPSP team includes nurses, social workers, and home visiting specialists who provide one-on-one support and education. Parents are eligible to receive home visits, referrals to other community resources, prenatal and parenting classes, and playgroups.</td>
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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.  
- 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.  
- Reimbursing service members and civilian employees for shipping breastmilk when on official travel.  
- Revising policy about notifying military commanders when service members seek mental health or substance use care.  
- Hiring roughly 2,500 new personnel over the next 6 years to address risk for mental illness and substance use.  
- Strengthening suicide prevention services for service members.  

Learn More About Military and Veteran Women

- Health Care for Women in the Military and Women Veterans (American College of Obstetricians & Gynecologists)
- Military Culture: Working With Veterans
- The VA’s Community Providers Toolkit on Women Veterans
- Understanding Military Culture: A Primer in Cultural Competence Working With Military Members and Families
- Understanding Military Culture: Clinical Considerations from the American Psychological Association
- 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. \(^{37}\)

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

<table>
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<tr>
<th>Support and Care Coordination</th>
<th>Reproductive Mental Health (RMH) Consultation Program</th>
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<tbody>
<tr>
<td>The VA provides specific support and care coordination for women Veterans, including:</td>
<td>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.</td>
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<tr>
<td>- Women Veterans Call Center (855-VA-WOMEN); trained women representatives assist with enrolling in VA health care, finding resources, and setting up appointments. (^{48})</td>
<td>Topics include premenstrual, perinatal, and perimenopausal mental health, as well as contraception, infertility, perinatal loss, breast and gynecologic cancers, and gynecologic comorbidities. (^{34})</td>
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<tr>
<td>- Maternity Care Coordinators to help make connections with community obstetric providers, offer support during and following pregnancy, and answer medical billing questions. (^{44-46})</td>
<td>Doulas for Women Veterans of Color</td>
</tr>
<tr>
<td>- Women Veterans Program Managers in every VA Medical Center to advise and advocate for women Veterans and help coordinate services. (^{31})</td>
<td>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})</td>
</tr>
<tr>
<td>- Women’s Mental Health (WMH) Champions to serve as local points of contact for advancing WMH services and communicating WMH needs. (^{31})</td>
<td></td>
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<tr>
<td>- Mental health experts – psychiatrists, psychologists, social workers, nurses, and peer specialists – who specialize in care for women Veterans. (^{47})</td>
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</table>
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.

DIAL 988 then PRESS 1
TEXT: 838255
HEARING LOSS CALL TTY: 800-799-4889

Learn More

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