

Improving Outcomes for Mothers & Babies: Perinatal Depression and Mood Disorders (Rev. 12-18-20)

Prevalence & Impact

Depression and related mood disorders are among the most common complications in pregnancy¹ and an underlying cause for approximately 9% of pregnancy-related deaths.² According to the Florida Pregnancy Risk Assessment Monitoring System (PRAMS), more than half of mothers in the state report experiencing some level of postpartum depression after childbirth.³ Maternal depression ranges from mild – “baby blues” lasting two-three weeks following birth, to postpartum psychosis, a serious mental disorder affecting 1 in 1,000 mothers.⁴ Postpartum depression can affect a woman up to a year following the birth her baby.⁵ Two to 25% of fathers can also experience depression, and are at increased risk if their partners are depressed.⁶

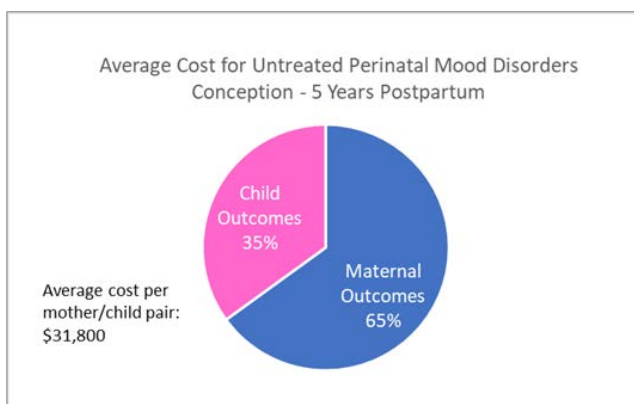
Depression during pregnancy is the primary risk factor for postpartum depression.⁷ In 2019, more than 20,000 pregnant women — 13% of those screened statewide for Healthy Start — reported feeling “down, depressed or hopeless” in the last month.⁸ New research examining the effects of COVID-19 indicate increased rates of perinatal depression, anxiety and related mental health conditions with more than a two-fold increase in pregnant women reporting clinically significant levels of depression.⁹

In 2019, more than **20,000** pregnant women – **13.3 percent** of the total screened in Healthy Start- indicated they felt “down, depressed or hopeless” in the previous month.



Pregnant women who suffer from depression have a higher risk of smoking, drinking, using illicit drugs and being overweight – all factors that can increase the risk for poor birth outcomes. They may also be at risk for seeking less prenatal care, having a lower appetite and inadequate weight gain and poor self-care.¹⁰ As a result, pregnant women with depression are 3.4 times more likely to deliver preterm and four times as likely to deliver a low birth-weight baby than non-depressed women.¹¹

Perinatal depression also contributes to long-term health and developmental issues in children. Children of depressed mothers are at higher risk of experiencing development delays at 18 months,¹² and physical health problems in early childhood, resulting in later social and emotional problems during adolescence and adulthood.¹³ Depressed mothers face challenges in bonding with their children – a key factor contributing to child mental health and well-being. Maternal depression occurs during the most vulnerable period of a child’s social and emotional development.¹⁴



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The prevalence of depression is higher among mothers who are younger or older, black, low-income, single, with Medicaid or an unintended pregnancy.^{15,16} However, less than 10 percent of mothers who experienced postpartum depression obtain professional help.¹⁷



The economic burden of untreated perinatal mood and anxiety disorders from conception through five years postpartum is estimated at nearly \$32,000 per mother-child dyad. The largest costs are attributable to reduced economic productivity among affected mothers, more preterm births, and increases in other maternal health expenditures. These estimated costs significantly exceed the cost of other perinatal conditions such as postpartum hemorrhage and gestational diabetes.¹⁸

Barriers

Barriers to identifying and treating pregnant and postpartum women suffering from perinatal depression and other mood disorders in Florida include:

- **Lack of provider screening:** Despite recommendations from public health and professional groups,^{19,20,21} and the availability of validated screening tools, healthcare providers fail to ask 1 in 5 prenatal patients and 1 in 8 postpartum patients about depression, according to the CDC.²² Commonly cited reasons include lack of time, training, insurance coverage and reimbursement, and knowledge of/availability of treatment.²³
- **Availability of treatment:** Based on federal criteria, Florida has more than 200 communities designated as Mental Health Professional Shortage Areas, with only 16.9% of the need for treatment services statewide met by psychiatric health care providers.²⁴ Additionally, specialized treatment tailored to meet the needs of pregnant and postpartum women is limited in most parts of the state.
- **Medicaid eligibility and coverage:** While Florida provides expanded Medicaid eligibility for women during pregnancy, coverage ends 60 days after delivery. With nearly half of all births in the state paid for by Medicaid and pregnant women with this coverage at higher risk for postpartum depression, this is a significant barrier to accessing treatment. Additionally, Florida has not effectively utilized opportunities to cover depression screening and treatment for mothers as part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children's preventive health services.²⁵

Strategies

Opportunities and best practices for addressing the mental health needs of pregnant and parenting mothers (and fathers), and improving outcomes for both parents and children include:

1. Enhance postpartum Medicaid coverage for pregnant women to 12 months, ensuring access to mental health treatment both prenatally and after delivery (See related FAHSC issue paper on Enhancing Medicaid Benefits for Pregnant Women).
2. Take advantage of federal Medicaid guidelines that permit coverage of screening and treatment for postpartum depression as part of a child's EPSDT visit.²⁶
3. Encourage Medicaid Managed Care and private insurance plans to require screening for perinatal depression as part of routine prenatal, postpartum and pediatric care.
4. Expand and sustain the [Florida Behavioral Health Impact](#) initiative which provides education and telephonic/telehealth support to prenatal care providers to facilitate perinatal depression screening, treatment and referral. The project is currently being piloted in Tallahassee, Gainesville and Jacksonville with funding from a five-year federal grant to the Florida Department of Health and

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Florida State University. The initiative builds on the state’s investment in the Family Helpline to help women experiencing perinatal depression connect to services.

5. Build community capacity to deliver effective treatment to mothers enrolled in home visiting programs by expanding funding for evidence-based programs like [Moving Beyond Depression](#) and the [Mothers and Babies](#) program. Both programs are currently provided by selected home visiting programs, including Healthy Start. [Moving Beyond Depression](#) provides in-home cognitive behavioral therapy in conjunction with home visiting and has demonstrated a significant impact on outcomes in Miami-Dade County with funding from the Healthy Start Coalition and private funders.

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² CDC. Pregnancy-related deaths: data from 14 U.S. maternal mortality review committees, 2008–2017. Atlanta, GA: US Department of Health and Human Services, CDC; 2019. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

³ Florida Department of Health. Pregnancy Risk Assessment Monitoring System (PRAMS): Postpartum Depression, 2010.

⁴ National Institute for Children’s Health Quality. Maternal depression: first steps families and advocates can take to help families thrive. 2018. Accessed at: <https://www.nichq.org/resource/maternal-depression-first-steps>.

⁵ Ibid.

⁶ American Academy of Pediatrics. Dads can get depression during and after pregnancy, too. Accessed December, 2020 at: <https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/Pages/Dads-Can-Get-Postpartum-Depression-Too.aspx>

⁷ NIHCM Foundation (2010). Identifying and treating maternal depression: strategies & considerations for health plans

⁸ Florida Department of Health. Ad Hoc Prenatal Screening Reports, Florida CHARTS. Accessed at http://www.flpublichealth.com/hsScreen_new/ (December 2020).

⁹ Liu, CH et al. “Risk Factors for Depression, Anxiety, and PTSD Symptoms in Perinatal Women during the COVID-19 Pandemic” *Psychiatry Review* DOI: 10.1016/j.psychres.2020.113552

¹⁰ Gold, KG and Marcus SM. Effect of maternal mental illness on pregnancy outcomes. *Expert Rev of Obstet Gynecol*.2008, 3(3):391-401 (2008).

¹¹NIHCM Foundation (2010). Op. cit.

¹² Deave T, Heron J, Evans J, Emond A. The impact of maternal depression in pregnancy on early child development. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2008;115(8):1043-1051. doi: 10.1111/j.1471-0528.2008.01752.x.

¹³ Raposa E, Hammen C, Brennan P, Najman J. The long-term effects of maternal depression: early childhood physical health as a pathway to offspring depression. *J Adolesc Health*. 2013;54(1):88-93. doi: 10.1016/j.jadohealth.2013.07.038.

¹⁴ Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8. <http://www.developingchild.harvard.edu>

¹⁵ Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:575–581. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919a2n>

¹⁶ Florida Department of Health. Pregnancy Risk Assessment Monitoring System (PRAMS): Postpartum Depression, 2010.

¹⁷ Ibid.

¹⁸ Luca DL, Margiotta C, Staatz C, et al. “Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States”, *American Journal of Public Health* 110, no. 6 (June 1, 2020): pp. 888-896.

¹⁹ Siu AL, Bibbins-Domingo K, Grossman DC, et al.; US Preventive Services Task Force. Screening for depression in adults: US Preventive Services Task Force recommendation statement. *JAMA* 2016;315:380–7.

²⁰ ACOG Committee opinion no. 757. Screening for perinatal depression. *Obstet Gynecol* 2018;132:e208–12.

²¹ Earls MF, Yogman MW, Mattson G, Rafferty J; Committee on Psychosocial Aspects of Child and Family Health. Incorporating recognition and management of perinatal depression into pediatric practice. *Pediatrics* 2019;143:e20183259.



²² Brown, T. RN. Many Clinicians Still Not Asking About Postpartum Depression. Medscape, May 22, 2020. Accessed at: https://www.medscape.com/viewarticle/930987#vp_2.

²³ Henke, RM, Chou, AF et al. Physician attitude toward depression care interventions: Implications for implementation of quality improvement initiatives. *Implement Sci.* 2008; 3: 40. Published online 2008 Sep 30. doi: 10.1186/1748-5908-3-40.

²⁴ Kaiser Family Foundation. Mental health care professional shortage areas (HPSAs). Accessed at: <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas>

²⁵ NICHQ Op.Cit.

²⁶ US Department of Health & Human Services, Centers for Medicaid and Medicare Services. Maternal depression screening and treatment: a critical role for Medicaid in the care of mothers and children. 2016. Accessed at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>