

March X, 2021

The Honorable Patty Murray
Chairwoman, Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
United States Senate
Washington, D.C. 20510

The Honorable Roy Blunt
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education and
Related Agencies
United States Senate
Washington, D.C. 20510

The Honorable Rosa DeLauro
Chairwoman, Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
United States House of Representatives
Washington DC 20515

The Honorable Tom Cole
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education and
Related Agencies
United States House of Representatives
Washington DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro, and Ranking Member Cole,

As you consider the Senate and House Labor, Health and Human Services, and Education Appropriations bills for Fiscal Year (FY) 2022, we respectfully request that you address the critical issue of maternal mental health by ***increasing funding for the Health Resources and Services Administration's (HRSA) Maternal Mental Health Hotline by \$2 million dollars, and the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program by \$5 million dollars.***

Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women (800,000 people each year in the United States).¹ Recent studies show that suicide and overdose combined are the leading cause of death for mothers in the postpartum period, contributing to the distressingly high maternal mortality rate in the United States.^{2,3} Sadly, 75% of those experiencing MMH conditions go undiagnosed and untreated, increasing the risk of multigenerational, long-term impact on the physical, emotional, and developmental health of both the mother and child.^{4,5} The cost of not treating MMH conditions is \$32,000 per mother-infant pair, or \$14.2 billion in accounting for lost wages and productivity of the mother and addressing poor health outcomes of the mother and infant.⁶

The COVID-19 pandemic has exacerbated MMH conditions: recent studies show that pregnant women and new mothers are experiencing anxiety and depression during the pandemic at 3-4 times the rate prior to the pandemic.^{7,8} Equally concerning, new research shows that high levels of stress among pregnant women can negatively impact the fetal brain.⁹ Women of color and women who live in poverty are disproportionately

¹ Luca, D., et al (2019). Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematic Policy Research*.

² Metz, t., et al (2016). Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012. *Obstetrics Gynecol*.

³ Davis N., et al (2019). Pregnancy-Related Deaths: Data From 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

⁴ Center for Disease Control and Prevention website. www.cdc.gov/reproductivehealth/depression/index.

⁵ Luca, et al.

⁶ Luca, et al.

⁷ Berthelot N., et al (2020). Uptrend in Distress and Psychiatric Symptomatology in Pregnant Women During the Coronavirus Disease 2019 Pandemic. *Acta Obstetrica et Gynecologica Scandinavica*.

⁸ Lebel, C., et al (2020). Elevated Depression and Anxiety Among Pregnant Individuals During The COVID-19 Pandemic. *Journal of Affective Disorders*.

⁹ Wu Y., et al (2020). Association of Maternal Psychological Distress With In Utero Brain Development in Fetuses With Congenital Heart Disease

impacted by both the pandemic and MMH conditions, experiencing both at rates 2-3 times higher than White women.^{10,11}

With thousands of young mothers suffering from MMH conditions, there is a critical need to provide support and treatment before these conditions create long-lasting adverse health outcomes for mother and baby. Thus, we respectfully request that you include increased funding for and report language to address the heightened MMH needs within the FY 2022 Appropriation package to better support more programs to assist mothers across the nation.

Specifically, we request the following language:

Maternal Mental Health Hotline. — We request the Committees include \$5 million for the Maternal Mental Health (MMH) Hotline, which is \$2 million above the fiscal year 2021 enacted level. The COVID-19 pandemic has exacerbated MMH conditions, with pregnant women and new mothers experiencing anxiety and depression at rates 3-4 times higher than prior to the pandemic. The Hotline shall provide 24-hour specialized voice and text support that is culturally and linguistically appropriate. The funding shall also be used to raise public awareness about MMH conditions and the Hotline.

Screening and Treatment of Maternal Depression. — We request the Committees include a \$5 million increase above the fiscal year 2021 enacted level for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD). Although maternal mental health (MMH) conditions are the most common complication of pregnancy and childbirth, almost 75% of those affected remain untreated. The COVID-19 pandemic has exacerbated MMH conditions, with pregnant women and new mothers experiencing anxiety and depression at rates 3-4 times higher than prior to the pandemic. MDRBD programs train health care providers to screen, assess, and treat for MMH conditions and provide specialized psychiatric consultation to assist the providers. HRSA shall make grants to establish new State programs and improve or maintain existing State programs. Grants shall include culturally competent approaches to assist in the reduction of maternal health inequities. The Committee recognizes the high need amongst States and directs MDRBD to provide technical assistance to non-grantee states.

Emotional support and access to mental health care is critical to the overall health of both mothers and their newborns – more so now than ever. It has always been difficult for childbearing women experiencing anxiety or depression, especially women of color and other under-served groups, to access appropriate mental health care. However, the current situation – with an increase in the range and intensity of mental health issues coupled with the increased pressure on the healthcare system -- has made it even more challenging for these women to access appropriate mental health services. This funding will provide a critically needed and cost-effective lifeline to pregnant women and new mothers at the most medically vulnerable time in their lives.

On behalf of the 4 million parents who give birth each year in the United States and the undersigned national, state and local maternal, child, and mental health organizations, we thank you for your attention to this critical matter. Please contact Jamie Zahlaway Belsito, Policy Director of Maternal Mental Health Leadership Alliance at jbelsito@mmhla.org should you have any questions.

¹⁰ Society for Research in Women's Health website. <https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/>

¹¹ Howell, E., et al. (2005). Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms. *Obstet Gynecol.*

Sincerely,

Maternal Mental Health Leadership Alliance