

## Screening for Maternal Mood Disorders in Women of Color

### *Introduction*

Pregnancy and birth are moments of tremendous developmental and emotional change for women. Additionally, this life changing experience brings with it an array of hormones and possible triggers of previous emotional difficulties. For many women of color, these moments are also met with experiences of medical oppression, feeling unheard in their experience, and having to advocate for better treatment. Similarly, in postnatal care many mothers are not identified for postnatal mood disorders and consequently do not receive treatment, thus affecting their attachment to their child and possibly, their child's emotional development. Although mothers of color are more likely to experience postnatal mood disorders (Bauman, Ko, & Cox, et al., 2019), they are less likely to be identified by medical providers for intervention (Kozhimannil, K.B., Trinacty, C.M., Busch, A.B., Huskamp, H.A., & Adams, A.S., 2013). While there have been significant advances in postnatal treatment (U.S. Preventative Services Task Force, 2019), these advances require identification in order to truly be effective.

### *Background*

Currently, identification for postpartum mood disorders occurs during obstetrician/gynecologist follow-up visits. While effective, there are many other points of follow up with other providers that could increase identification and treatment. This policy brief touches upon the need for increased screening and identification, especially for mothers of color. Increased screening would eliminate several barriers to treatment for these mothers, increase representation, and allow them to be identified for intervention.

Mental health conditions are the underlying cause of approximately 9% of pregnancy-related deaths (Centers for Disease Control, 2019). One in eight women experience postpartum depression symptoms (Bauman BL, Ko JY, Cox S, et al., 2019). Perinatal mood disorders are costly, with an estimated cost from birth through five years postpartum of \$14.2 billion (Luca et al., 2020). They impact a mother's productivity, lead to increased social service costs, and have intergenerational consequences. What's more is that children of mother's with perinatal mood disorders are at increased risk of behavioral and developmental disorders.

### *Policy Recommendations*

We are proposing that legislation be implemented requiring pediatric offices to implement postpartum mood disorder screenings as part of the well-child visits conducted throughout the first twelve months postpartum period. This would allow women of color suffering from postpartum mood disorders access to identification past the postpartum visit conducted by their obstetrician/gynecologist provider. Given the high financial toll of

maternal mood disorders, the benefit of implementing universal screening as a means to addressing this public health problem far outweigh the cost.