



Maternal Mental Health

Every May, people are delighted to hear the sound of birds, witness the resurrection of tulips, and celebrate Mother's Day. The origin of Mother's Day is the perfect backdrop to frame the importance of maternal mental health as we recognize the strength and resilience of all women in mothering roles.

Ann Reeves Jarvis was a social activist in the Civil War era and is recognized as the mother who [inspired](#) Mother's Day. Prior to the Civil War, she assisted women in local communities on how to properly care for their children. After the Civil War, these local women's groups, which often included grandmothers, aunts, and close friends, broke political and racial barriers by bringing together mothers of former Union and Confederate soldiers, promoting reconciliation while elevating the importance of the role of mothering. Today, we would likely refer to these groups as community-based learning collaboratives or a peer-to-peer skill building group, or maybe even a diversity, equity and inclusion parenting initiative. Women needing support after pregnancy is a common thread throughout history and remains true today.

The historical documents do not use words such as "depression" or "anxiety" when referring to the needs of these postpartum women at that time, but this is likely what they were experiencing. Pregnancy-related depression and anxiety are the most [common](#) complications of pregnancy, impacting **1 in 5 women**. These complications are [underdiagnosed](#) due to a lack of universal screening. The Colorado Department of Public Health and Environment (CDPHE) Maternal and Child Health (MCH) program is responsible for the monitoring and dissemination of maternal mental health data and resources. This program provides resources such as trainings and clinical guidelines and offers maternal health screening [recommendations](#) for providers. Screening for postpartum depression can be [managed](#) by a pediatric clinician integrated within the standard well-child visit, and it is also recommended that an OB-GYN clinician administer the screening during a woman's follow-up appointment.

There is a large body of evidence that women of color experience increased rates of depression following pregnancy. National [studies](#) suggest that Black and Hispanic women are almost **twice** as likely to experience depressive symptoms as white women. However, in [this study](#) of 655 screened mothers, one in two Black mothers reported symptoms of postpartum depression. **46%** reported symptoms at two weeks postpartum and **49%** reported symptoms at six weeks postpartum.

This new Colorado Access series will illuminate social factors that lead to health inequalities and disparities, or help to decrease them. We hope this monthly series will support your existing efforts by providing resources and educational opportunities while exploring current trends and best practices.

We know there are timely and progressive efforts in place to address the health disparities experienced by so many, sometimes by providers or community partners within our own network. We will share information about these efforts in the hope that it might lead you to consider what might be realized in your own practice or organization.

Each month we will introduce a topic and offer some brief highlights. If you want to dive a bit deeper, we will also include links to articles or websites that provide more comprehensive information.

Colorado's MCH program [reports](#) that from 2012 to 2014, **14%** of women enrolled in Health First Colorado (Colorado's Medicaid Program), Child Health Plan *Plus* (CHP+), or the Colorado Indigent Care Program who received prenatal care reported experiencing postpartum depressive symptoms. This is significantly higher than the **6.6%** rate of postpartum depression reported by privately insured women. Risk factors related to social determinants of health (SDoH) are a leading cause for higher rates of maternal depression. These [risk factors](#) include housing and food insecurity, financial strain and being close to someone struggling with alcohol or drug use. This underscores the importance of the ongoing administration of SDoH screens by maternal health and primary care providers as an integral part of clinical practice. While health outcomes related to maternal mental health are disparate among populations of women of color, the diagnosis itself is prevalent among women, regardless of race or socioeconomic status.

Families continue to grapple with the pain and challenges of maternal mental health. While extreme cases involving violence and suicide due to women suffering from maternal depression are rare, Douglas County [highlighted](#) the ongoing need for women and their families experiencing increased stress and challenges to reach out for support based on the increased incidences of violence perpetrated by women in this county between 2013 and 2015.

The United States has a long history of connecting the health of children to the health of mothers and is anchored by the federal efforts of the [Maternal and Child Health Bureau](#). Strengthening the mental health of mothers is critical to assure children are well positioned to achieve optimal health, thus cultivating the health of our nation for generations to come.

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Risk factors



housing &
food insecurity



financial
strain



close to someone
struggling with
drugs/alcohol

*Written by Eileen Forlenza
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Community Spotlight - Maternal Mental Health Collaborative

Like the supportive activities of the 1800s, Colorado has a strong collaborative approach to improve maternal mental health. [The Maternal Mental Health Collaborative](#) is a central source of information to accelerate progress while advocating for the prioritization of maternal wellness. The Collaborative is a network of stakeholders, whose [framework](#) guides and directs all members. Equity is a core component; they focus on reducing health disparities in maternal depression experienced by women of color.

“The Collaborative is actively working to build an equitable mental health system that is flexible and responsive to the differing needs and desires of all families,” says Dr. Patrece Hairston Peetz, a member of the Collaborative and founder of the [Authentic Mamas Project](#).

Dr. Hairston Peetz is dedicated to providing evidence-based one-on-one psychotherapy support to women, as well as coaching and consulting to organizations. As a clinical psychologist and adjunct professor at the University of Denver, Dr. Hairston Peetz has dedicated her career to closing the equity gap for Black women through her efforts in cross-systems advocacy, organizational quality improvement, and clinical practice. Dr. Hairston Peetz is concerned about the low rates of representation of Black mothers in research, screening and diagnosis of maternal mental health.



Depression and anxiety following pregnancy is substantially **underreported** and **underscreened** due to stigma and a multitude of other factors.

—Dr. Patrece Hairston Peetz,
The Maternal Mental Health Collaborative



If you know of creative approaches or partnerships that are addressing health disparities, either by your organization or another entity, please contact us at practice_support@coaccess.com.

We would love to share this information!