

May is Maternal Mental Health Month

2024 UPDATES FROM UNIVERSITY OF MICHIGAN'S PERINATAL MENTAL HEALTH SERVICES AND POLICY PROGRAM

Led by Dr. Kara Zivin, our research program analyzes large, national data sources to create evidence-based information on maternal mental health. We provide publications and resources that inform professional organizations, policymakers, and the general public on the quality of health policy, programs, services, and practices. We aim to produce the evidence needed to shift policy and clinical practice toward improving maternal mental health outcomes. These findings represent a high-level overview of our work published this past year.

PMAD: Perinatal Mood and Anxiety Disorders

PRAMS: Pregnancy Risk Assessment Monitoring System

MHPAEA: Mental Health Parity and Addiction Equity Act

ACA: Affordable Care Act

State Level Findings in Michigan Medicaid & PRAMS

PMAD Diagnosis



Only about 20% of patients reporting PMAD symptoms received a PMAD diagnosis

White patients with PMAD symptoms were

3x

more likely than Black patients to receive a PMAD diagnosis, even after adjusting for other factors



Black respondents with multiple comorbidities and life stressors were more likely to be diagnosed than those without

PMAD Treatment

Pregnant PMAD Patients



Receive treatment of both psychotherapy and prescription medication



Patients satisfied with prenatal care are more likely to receive treatment



Patients experiencing life stressors are more likely to receive treatment

Postpartum PMAD Patients



Receive treatment of both psychotherapy and prescription medication



Black patients are less likely to receive treatment



Patients with more comorbidities are more likely to receive treatment

PMAD Factors

PMAD had significant associations with:



Adverse delivery-related outcomes



Increased healthcare use

Individuals with PMAD were more likely to be



White



Lower income



Rural-dwelling



Living with more comorbidities

Deliveries with PMAD had higher odds of



Cesarean and preterm delivery



Postpartum readmission



Severe Maternal Morbidity



More healthcare encounters

National Level Findings in Private Insurance

US Trends, 2008-2020:

Among commercially-insured childbearing individuals in the US, during their prenatal or postpartum period:

Overall National Trends

Psychotherapy rates increased significantly, by 250%

Asian individuals experienced the largest increase - 490%
White individuals experienced the smallest increase - 232%

Behavioral Health* diagnosis rates increased

Asian individuals experienced the largest increase - 292%
White individuals experienced the smallest increase - 192%

*Behavioral Health conditions include mental health disorders & substance use disorders

PTSD diagnosis rates increased

Racial disparities persisted throughout the study period

PTSD: Post Traumatic Stress Disorder

Prescription Practices



In 2015-16, professional groups provided clinical recommendations on managing PMADs

Antidepressant prescriptions among women with PMADs increased after the recommendations



PMAD and Chronic Pain

Patients with PMAD are twice as likely to also experience chronic pain during their pregnancy than those without PMAD



of delivering women with PMAD also had a chronic pain condition

Additionally, we developed a robust definition for identifying neonatal intensive care unit admissions

PMAD and Adverse Birth Outcomes

Pregnant people with PMAD had 4.8% higher likelihood of Adverse Birth Outcomes (ABO), such as preterm birth or low birthweight infants, compared to those without PMAD.

Black pregnant people had 20.1% higher odds of ABO compared to White pregnant people



Odds of ABO increased by comorbidities, Substance Use Disorders, antenatal visits, and maternal age <18 years

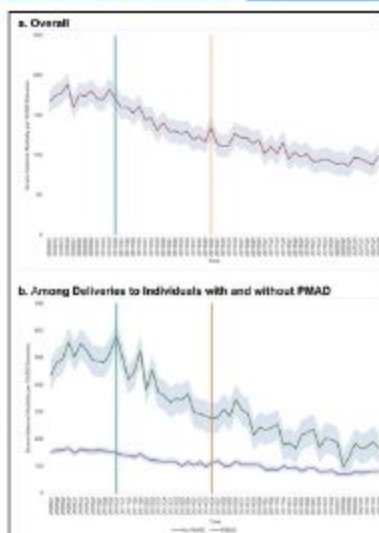
Federal Policy Impact at the State and National Level

Severe Maternal Morbidity (SMM)

From 2008-2021, in a large national sample of commercially insured delivering individuals:

SMM rates were increasing pre-policy, began decreasing post-MHPAEA, and continued decreasing at a slower rate post-ACA

SMM rates decreased from 167.2 in 2008 to 98.2 in 2021 per 10,000 deliveries



Individuals with PMAD experienced even sharper declines in SMM rates post MHPAEA and ACA

PMAD Diagnoses, Psychotherapy, and PMAD-associated Suicidality

Overall in the US from 2008-20:

PMAD diagnoses increased

93.3%



psychotherapy and suicidality rates increased

After ACA Implementation:

- PMAD diagnosis rates began increasing faster
- psychotherapy rates continued rising
- PMAD-associated suicidality declined



Most states and demographic subgroups experienced increases in PMAD, indicating a national trend of rising maternal mental health issues

Michigan Medicaid Enrollees

For individuals with deliveries 2012-2018:



PMAD diagnosis rates increased after ACA implementation



But PMAD treatment rates did not change

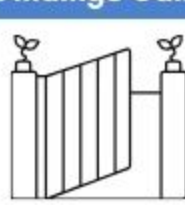
Our Findings Call For:



Additional research on maternal mental health diagnosis, treatment, utilization, and outcomes



Evidence-based perinatal mental health screening guidelines



Initiatives to increase access to mental health treatment



Tailored interventions to address racial disparities



culturally-sensitive care to close disparities

PSI POSTPARTUM SUPPORT INTERNATIONAL

Call or Text the PSI HelpLine
Call 1-800-944-4773 (4PPD)
#1 En Español or #2 English

Text in English: 800-944-4773
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More information on our program and research, including links to the publications summarized here, can be found on our website: <https://tinyurl.com/5f2m46z2>

