Four years ago, Northwestern University Medicine researchers completed the largest-scale study to date of depression among postpartum women. The findings were surprising to some (including the researchers), and disturbing to most everyone: 14 percent of women in the study screened positive for depression, a condition among new mothers that often isn’t treated or even screened in today’s U.S. health care system.

“It’s the No. 1 complication of pregnancy,” says Jamie Zahlaway Belsito, advocacy chair for the National Coalition for Maternal Mental Health.

And without effective intervention, she adds, depression during pregnancy and among new mothers can negatively impact birth outcomes, child development, and a woman’s own long-term health.

More federal resources for states to help with this public health problem will soon be on the way.

Under the U.S. 21st Century Cures Act, signed into law in late 2016, federal grants will be awarded to states to develop or strengthen programs that improve the availability of maternal depression screening and treatment. Funding priority will be given to states that propose “to improve or enhance access to screening services … in primary care settings.”

As of late October, it was not yet known exactly how much money would be appropriated for this new competitive federal grant program. According to Belsito, it most likely will be between $1 million and $5 million annually over the next five years.

Even minus this new federal action, some state statutes and initiatives (inside and outside the Midwest) already are in place to help women and their babies affected by maternal depression. Under a nearly 10-year-old law in Illinois, for example, hospitals and health care providers are directed to give women the chance to be screened for perinatal mental health disorders — during prenatal or postnatal visits, prior to discharge from the hospital after childbirth, or as part of a well-baby checkup.

In Minnesota, hospitals and other delivery facilities must provide new mothers with information about postpartum depression. This requirement is the result of a law passed by the Legislature in 2010. Beyond mandates on postpartum depression screening and/or education (most states don’t have such requirements, according to a 2013 study done by University of Iowa researchers), other policy options are available.

Iowa’s Perinatal Depression Project, for example, has been lauded by the group Postpartum Support International for improving awareness among mothers and providers alike, with the result being more screening, early identification and appropriate treatment referrals.

In Belsito’s home state of Massachusetts, the Department of Public Health funds a program that provides front-line obstetric and pediatric providers with three types of resources: 1) more training on postpartum depression, 2) real-time psychiatric consultations and care coordination, and 3) links to community resources.

“It allows the practitioner to pick up the phone and get an immediate response to help with a diagnosis and get the patient the treatment she needs,” Belsito says of Massachusetts’ MCPAP for Moms.

Another policy alternative for states is to cover maternal depression screening via their public insurance programs. In May 2016, the U.S. Centers for Medicare and Medicaid Services clarified that state Medicaid programs can pay for these screenings as part of a well-child visit. Even before release of this clarification letter, Illinois, Iowa, Minnesota,
North Dakota and Ohio already were providing such coverage, according to the American Academy of Pediatrics.

This article was written as part of this year's Midwestern Legislative Conference Chair's Initiative of Iowa Sen. Janet Petersen. This initiative, Healthy Birth Outcomes, is examining ideas to improve the health of mothers and their babies.

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