



November 2013

Policy Brief 15

RETHINKING POLICY ON GENDER, SEXUALITY, AND WOMEN'S ISSUES

IMPROVING MATERNAL DEPRESSION SCREENING AND TREATMENT FOR PREGNANT WOMEN

BY ECHO ZEN



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Maternal depression is a perinatal mental health issue that can have serious consequences for communities and families. Associated health risks for mothers and children include birth complications, additional health-care costs, and negative impacts on child development and well being.¹

ALTHOUGH DEPRESSION is highly treatable, especially in early stages, only half of women are screened for maternal depression, and only a minority receive treatment.² Untreated depression puts women and children at risk, as pregnant women with depression are 3.4 times more likely than baseline women to deliver preterm, and children of depressed mothers also demonstrate higher lifetime medical spending, because maternal depression can impact child development. Maternal depression disproportionately impacts low-income women, as evidenced by their overrepresentation among women suffering from depression overall.³

The Affordable Care Act (ACA) mandates the integration of mental health services into standard healthcare plans by 2014. Studies by the Urban Institute and other research groups suggest that the ACA's implementation of state-level Medicaid expansion may open a promising avenue through which policymakers and Medicaid officials can address maternal depression with accessible, standardized care and treatment.⁴ Under the ACA expansion, low-income women who would have lost their Medicaid eligibility will continue their coverage. This expansion of coverage represents a major opportunity to not only expand services but also standardize guidelines for screening and treatment. Similar policies toward standardization have been implemented in New Jersey and Illinois, with commensurate increases in

treatment and drops in maternal depression rates.⁵

CRITIQUE

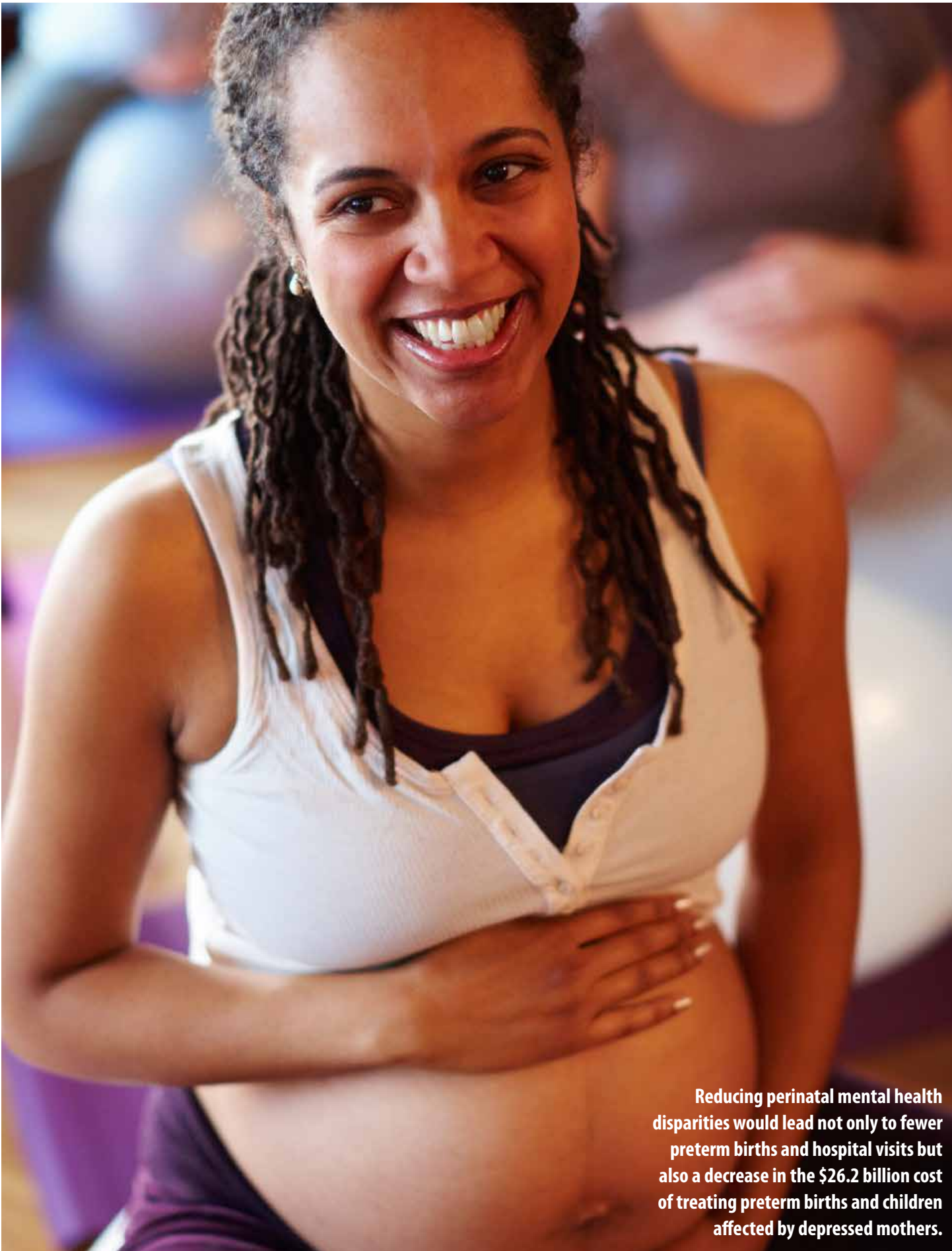
Significant barriers to treatment for depressed pregnant low-income women include provider's lack of knowledge, patient's fear of discussing mental health with providers, and lack of insurance.⁶

Fewer than half of providers screen for maternal depression. Effective treatments exist, but too few poor women can access such services.⁷ However, 82% of low-income, depressed mothers with infants are enrolled in Medicaid and WIC.⁸ Low-income mothers, however, are only eligible for Medicaid for 6 months postpartum if deemed "medically needy," and most in fact lose coverage once their babies are born.⁹

Policymakers can mandate improvements in this area by authorizing additional Medicaid reimbursements for



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clinicians to screen for depression, clarifying guidelines and screening tools approved for reimbursement, and providing resources for providers and patients alike.¹⁰ Reducing perinatal mental health disparities would lead not only to fewer preterm births and hospital visits but also a decrease in the \$26.2 billion cost of treating preterm births and children affected by depressed mothers.¹¹ Lack of coverage is a key factor behind high maternal depression rates in low-income women. Expanding Medicaid will allow more women to be screened as part of prenatal care or children's pediatric visits, and thus treated.¹² Such proposals should be part of a broader effort to reduce barriers to addressing maternal mental health, including patients' distrust and providers' lack of perinatal mental health literacy.

RECOMMENDATIONS

- Provide additional Medicaid reimbursement and training opportunities to clinicians performing screenings.
- Clarify guidelines and screening tools approved for reimbursement.
- Implement crisis hotlines for women at risk, and consultation services for clinicians with questions around detection, diagnosis and treatment.

These recommendations should be implemented in tandem with parallel efforts to educate providers in accurately screening perinatal mental health, including maternal depression, as part of a broader effort to make sure that providers gain the skills necessary to discuss maternal depression and reduce patients' barriers to discussing stigmatized mental health issues.

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NOTES

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