



# MATERNAL MENTAL HEALTH

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# AGENDA

- Definition of mental health and how it impact Moms
- Impact of the illness on pregnancy and the fetus/ infant
- What could help





# MENTAL ILLNESS

A composite image of a woman's face, overlaid with three different expressions of mental distress. The central image shows her with a neutral, somewhat weary expression. To her left, a semi-transparent version shows her looking down with a sad expression. To her right, another semi-transparent version shows her shouting with her mouth wide open and hand on her head, representing anger or intense emotional pain.

A behavioral and emotional illness that impacts the way a person thinks, behaves, and feels resulting in functional impairment.

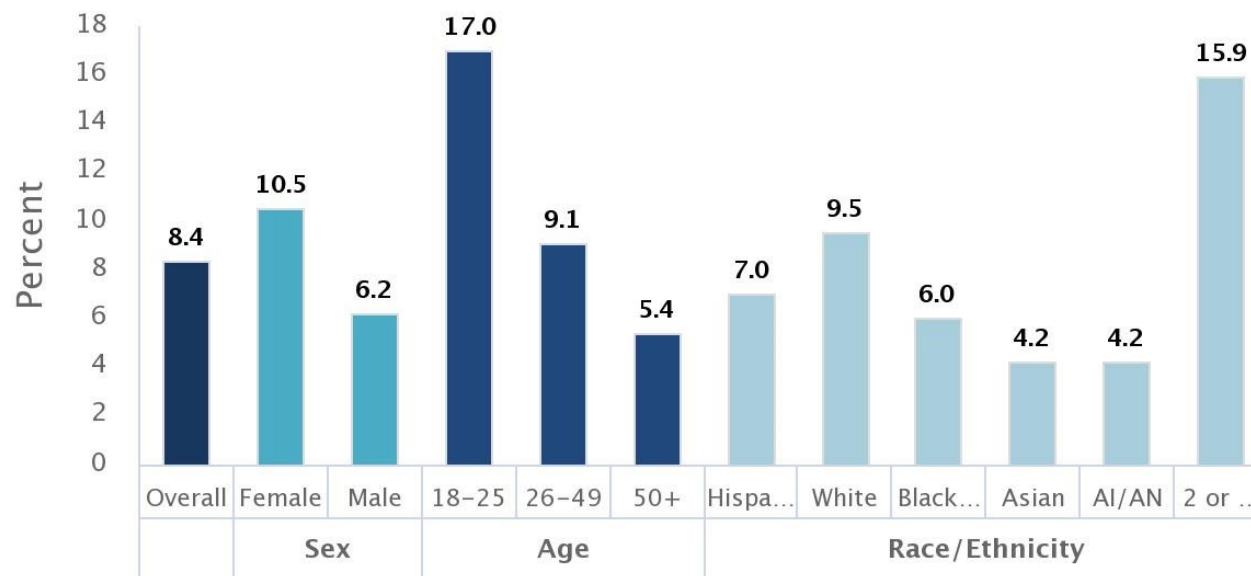
Symptoms can include sadness, irritability, hopelessness, extreme fatigue or excessive energy, extreme feelings of pleasure, excessive social withdrawal, excessive worry, hopelessness, guilt, and suicidal thoughts.

# DEPRESSION IN THE UNITED STATES

A mental illness that affects ~21 million (8.4%) adults

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2020)

Data Courtesy of SAMHSA



[NIMH » Major Depression \(nih.gov\)](https://www.nimh.nih.gov/health/topics/major-depression/)

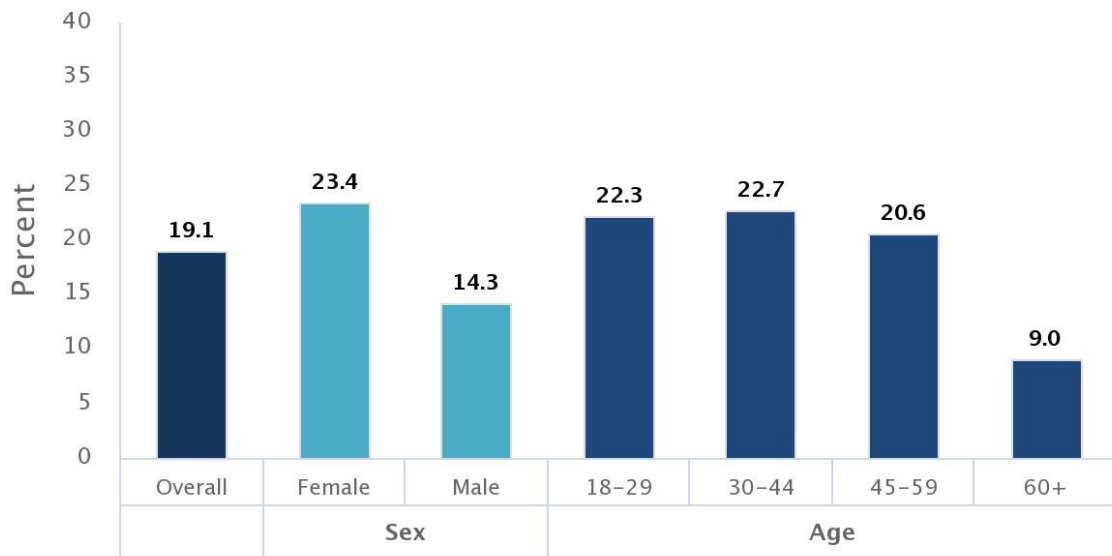


# ANXIETY IN THE UNITED STATES

A mental illness that affects 1 out of 5 adults in the United States

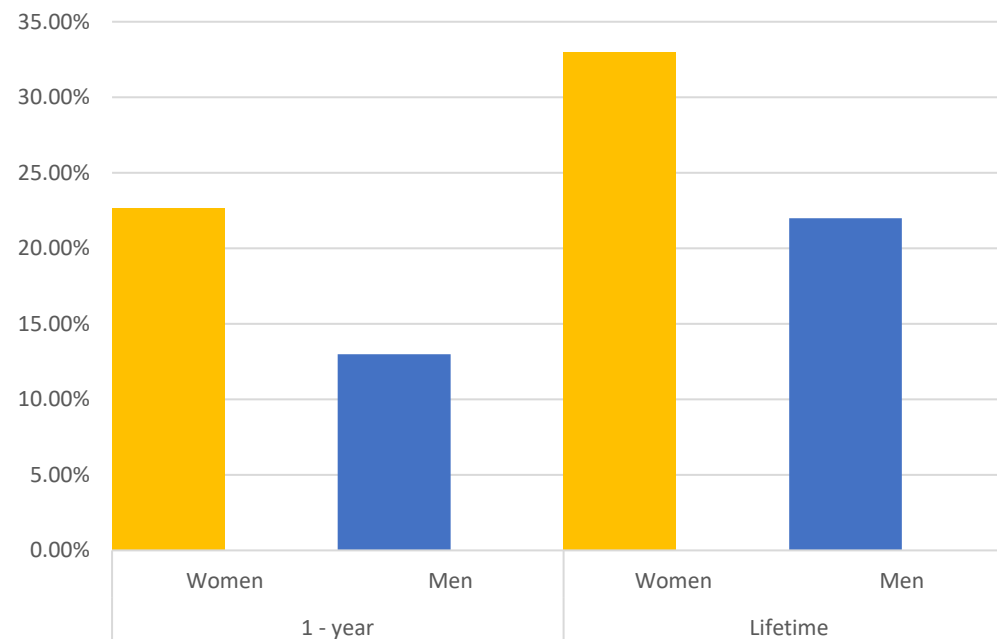
Past Year Prevalence of Any Anxiety Disorder Among U.S Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS-R)



[NIMH » Any Anxiety Disorder \(nih.gov\)](https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder)

Prevalence of Any Anxiety Disorder

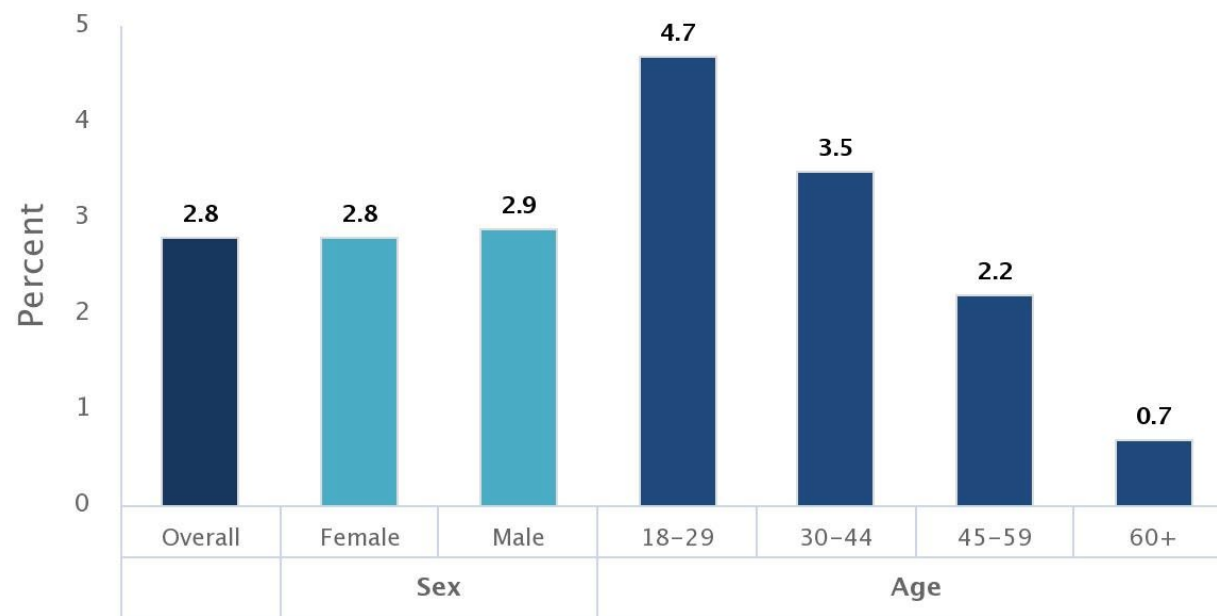


McLean CP, J Psychiatr Res. 2011 Aug;45(8):1027-35.

# BIPOLAR DISORDER IN THE UNITED STATES

Past Year Prevalence of Bipolar Disorder Among U.S Adults (2001-2003)

Data from National Comorbidity Survey Replication (NCS-R)



[NIMH » Bipolar Disorder \(nih.gov\)](https://www.nimh.nih.gov)



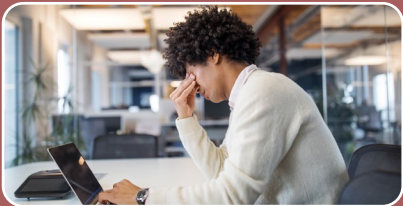
# PERINATAL MENTAL ILLNESS: MAJOR DEPRESSION, ANXIETY DISORDER, AND BIPOLAR DISORDER

## Major Depression



- Impacts females twice as much as males
- Sadness, irritability, worry, hopelessness, guilt, fatigue, sleep disturbance, change in appetite, suicidal thoughts
- 1 in 10 women affected in pregnancy and as much as 1 in 5 affected postpartum

## Generalized Anxiety Disorder



- Excessive worry, inability to focus, racing thoughts, irritability
- Impacts 1 in 10 in the perinatal period including new onset

## Bipolar Disorder



- Extreme shifts in energy and behavior from sadness and debilitated to excessive energy, productivity, and impulsivity
- 40% increase in risk of episode recurrence during the perinatal period among those treated and 70% for untreated. 100-fold increased risk for postpartum psychosis

# P O S T P A R T U M P S Y C H O S I S

- Characterized by symptoms of insomnia, changes in cognition (i.e., confusion or delirium), dysregulated and fluctuating mood, irritability, with emergence of hallucinations or delusions, as well as mania, depression, or a mix of increased energy with negative emotions or rage
- Develops within the first few weeks postpartum (23-fold increase in risk)
- Psychiatric emergency
- Associated with an increased risk of infanticide and suicide
- Impacts 1-2/ 1000 women



# S U I C I D E

- Leading cause of maternal death as indicated by countries and some states that have collected data
- Often classified as unintended or unintentional death and separated from intentional overdoses
- Commonly a severe progression of untreated mental illness during the perinatal period
- In many states women are prosecuted for attempting suicide while pregnant instead of treated
- Highest incidence is 9-12 months postpartum

Illinois Department of Health: 2021 Maternal Morbidity and Mortality Report

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/maternalmorbiditymortalityreport0421.pdf>

Oates M. Suicide: the leading cause of maternal death. Br J Psychiatry. 2003 Oct;183:279-81.



# MATERNAL MENTAL HEALTH

- Because of the early onset of mental illness, it impacts women across the reproductive life span and has the potential to impact pregnancy and the development of the child
- Refers to mental illness that affects those who are pregnant and in the 1<sup>st</sup> year post-birth (postpartum)



## WHO IS AT RISK?

- All women of childbearing age, despite income, education, race, ethnicity
- Women of lower income, are reported to have higher rates of depressive symptoms, as much as 40 – 60% compared to 14-20% among higher socioeconomic status
- Women with good physical health, without prior mental health issues, and without significant life stressors are at risk of developing mental health issues
- Additional risk factors include a lack of support, preterm birth or other pregnancy complications, history of a mental illness, family history, sleep deprivation



# MENTAL ILLNESS IMPACTS MATERNAL PREGNANCY AND POSTPARTUM OUTCOMES

- Intrauterine growth retardation
- Low birth-weight
- Preterm birth
- Pre-eclampsia
- Impulsivity that leads to reckless behavior and impact the fetus

Galbally et al. Aust N Z. J Psychiatry. 2010 Nov; 44(11): 967-77; Jablensky AV et al. Am J Psychiatry 2005; 162(1);79-91; Brooks, E., Cox, E., Kimmel, M., Ruminjo, A. (2021). Risk of Untreated Symptoms of PMADs in Pregnancy and Lactation. In: Cox, E. (eds) Women's Mood Disorders.

## MENTAL ILLNESS IMPACTS INFANT OUTCOMES

Disrupts cognitive, emotional, and social development:

- Children raised by clinically depressed mothers perform lower on cognitive, emotional, and behavioral assessments than children of non-depressed caregivers, and are at risk for later mental health problems, social adjustment difficulties, and difficulties in school (Harvard University, 2009)



# POSSIBLE COSTS OF UNTREATED MENTAL ILLNESS

In 2017, a study found that untreated mood and anxiety disorders among pregnant and postpartum parents cost 14.2 billion/ year when following the mother and child-pair for 5 years post-birth



# TREATMENT FOR MATERNAL MENTAL HEALTH

- Individual psychotherapy
- Group psychotherapy
- Medication/ Pharmacotherapy

# AREAS OF OPPORTUNITY

## Screening

- Early detection of mental illness and pregnancy could reduce the risk of poor outcomes including suicide by offering early treatment such as individual or group psychotherapy and, in more moderate to severe cases, medication,
- First line physicians are often OB/GYNs and Pediatricians

## Insurance Coverage

- In a third of states in the U.S., women who have Medicaid insurance lose it after 60 days. As a result, those who are screened or identified as having an emotional difficulty that may be consistent with mental illness are unable to be properly referred for evaluation and treatment.

# AREAS OF OPPORTUNITY PART 2

## Support

- Many women don't have adequate leave to heal post-birth. If they have a partner, the partner typically has very limited or no paternal leave. The new mother must often care for their child alone and lack support (a leading risk factor for PPD). This increases stress, the likelihood of sleep deprivation, decreases self-care and increases the risk of depression and anxiety onset.
- Many can't afford or don't have doulas or nursing covered by their insurers despite type of insurance.

## Criminal Prosecution

- In some states women who develop severe depression that results in a suicide attempt are prosecuted and imprisoned.

## WHAT COULD HELP

Required screening during pregnancy and postpartum for mothers (and fathers)

Extended insurance coverage through 1 year postpartum

Insurance coverage for doula and night nurses

Paid parental leave for both parents

Rethink prosecution for women who attempt suicide in pregnancy

Consider incentives for women to seek help for substance use during pregnancy and postpartum

Data Collection on suicide versus overdose



## I N R E V I E W

### Maternal Mental Health

- Impacts women of all backgrounds
- Major Depression and Anxiety affects women twice as much as men
- Because of the early onset women are particularly vulnerable due to experiencing this during their reproductive years

### Unrecognized and Untreated Maternal Mental Health

- Increases the risk of pregnancy complications
- Impacts cognitive, social, and emotional development of the child
- Can result in infanticide in women with postpartum psychosis
- Results in suicide, a leading cause of death

### Policy Options

- Required perinatal screening with mental health follow-up
- Extension of insurance coverage through 1 year postpartum
- Insurance coverage for doulas and/ or night nurses
- Paid parental leave for gestational and non-gestational carrier for 3 months
- Rethink prosecution for suicide attempts in pregnancy and pregnant women who seek help for substance use
- State monitoring of mental health related causes of death



## S U M M A R Y

With policies that increase screening, access to care, and focus on maximizing treatment of maternal mental illness we increase the number of healthy mothers, infants, and families and reduce the costs (direct and indirect) of mental illness including lives lost.

# THANK YOU

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