From The National Perinatal Information Center: Maternal Mental Health Awareness

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The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care.

For over 30 years, NPIC has worked with hospitals, public and private entities, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns.

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"May is Maternal Mental Health Month, which provides an opportunity for providers, patients, communities, and activists to engage in discussion and dialogue about the importance of recognizing maternal mental health as an unmet public health need."

"*I couldn't bring myself to tell my doctors or nurses, or the doctors and nurses in the NICU about the way I was feeling. I was already that "bipolar patient." I had used opiates for a few years to cope with the pain that depression brought with the disease. I could feel myself becoming more and more depressed and desperate for help, but thought that if I asked for help, my baby would be taken away from me. My bipolar disorder had haunted me for most of my adult life, had labeled me, and now with a new baby, had no one to reach out to. Each time I left the NICU, I thought it would be the last time I would see my baby. That feeling was so traumatic, and even though my baby is now 1 year old, I still relive that fear every day*." –A.R., during a postpartum interview

Overview

May is Maternal Mental Health Month, which provides an opportunity for providers, patients, communities, and activists to engage in discussion and dialogue about the importance of recognizing maternal mental health as an unmet public health need. Compound this maternal mental health need with the public health crisis of racism (1) and a stark picture emerges of women and birthing people in need of tremendous support. Many facets must be addressed within maternal mental health—access to care, transportation, stigma, insurance coverage, stable housing, to name a few. An area of concern that has been identified is that of opioid use disorder during pregnancy. A greater prevalence of comorbid psychiatric disorders, physical and sexual abuse, intimate partner violence, and chronic pain disorders likely contribute to disproportionate rates of opioid use and misuse (2) in women and particularly women during pregnancy. As opioid use among pregnant women has increased, the rate of infants in the United States experiencing opioid withdrawal after birth, known as neonatal abstinence syndrome (NAS) or, more recently, neonatal opioid withdrawal syndrome (NOWS), has grown nearly fivefold over the past decade (3). From 2000 to 2016, the incidence of NOWS increased from 1.2 to 8.8 per 1000 hospital births, with West Virginia reporting the highest rate of NOWS at 33.4 per 1000 hospital births (4). Much of this information is not new, and in fact, most hospitals across the country have been supporting these families and babies for years.

"The National Perinatal Information Center has been tracking deliveries with substance use disorder for some time, with the rates steadily increasing year over year since 2016. However, during this same time, there has been a small, consistent decrease in inborns with neonatal abstinence syndrome (NAS) within the NPIC Perinatal Center Database (PCDB)."

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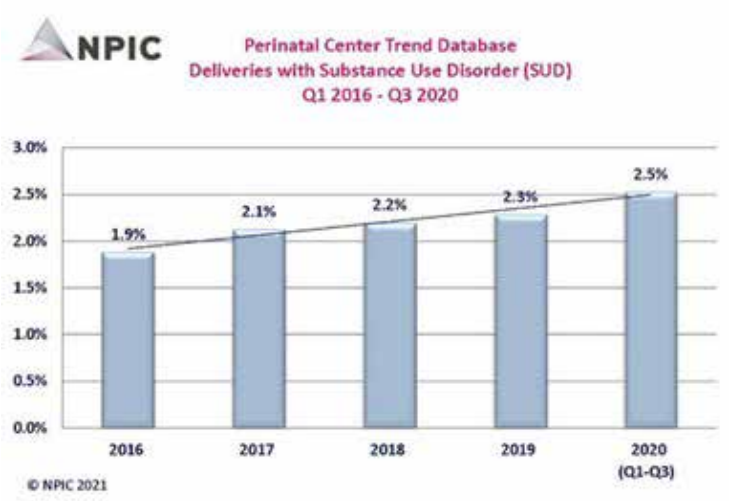
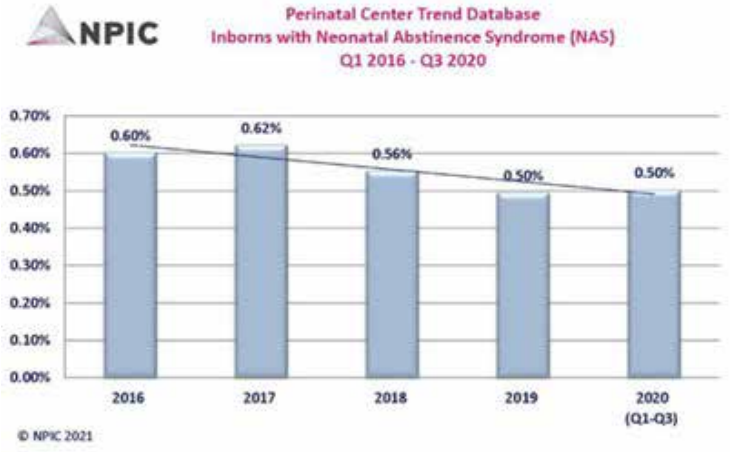
this same time, there has been a small, consistent decrease in inborns with neonatal abstinence syndrome (NAS) within the NPIC Perinatal Center Database (PCDB). Reasons for this may include the specificity of ICD-10 codes used for NAS versus opioid exposure, non-billable F codes within ICD-10 that include specificity related to neonatal exposure, and utilization of non-billable Z codes that do not roll up into billing.





NPIC also provides additional outcome metrics, such as diagnosis code grouped by Medicaid quartile. As described, NAS is found with more frequency within the highest Medicaid quartile (> 49.71) than any other Medicaid quartile in the NPIC Perinatal Center Database. Providing foundational and population health data to support key initiatives such as NAS and substance use disorder may amplify those areas of greatest resource need within an organization, such as a NICU or transitional nursery.

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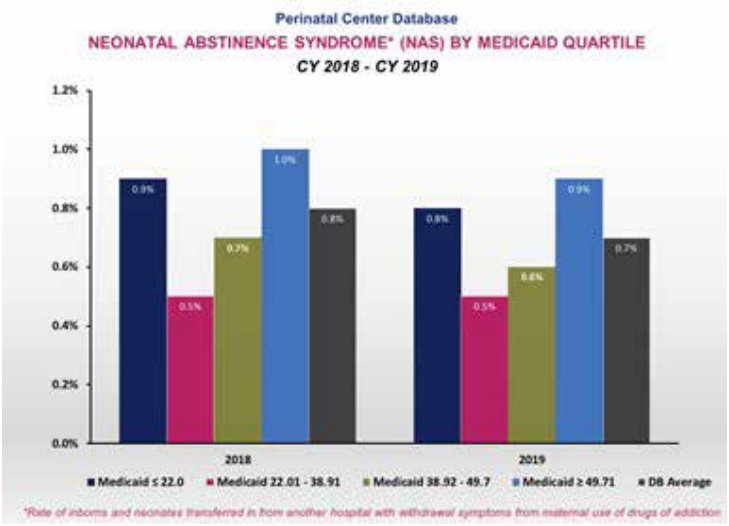

Discussion

Maternal mental health directly impacts the outcomes of a newborn. Perinatal mood disorders are some of the most identified maternal mental health concerns and are associated with increased risks of maternal and infant mortality and morbidity and are recognized as a significant patient safety issue (5). In addition to perinatal mood disorders, other mental health diagnoses must be appreciated, including pre-existing psychiatric illnesses (major depression, bipolar disorder, schizophrenia, etc.) that often are underreported and undertreated due to stigma and fear of reporting. During the month of May, certain elements of maternal mental health must be recognized and addressed:

1) **Destigmatize mental illness:** Stigma is a complex phenomenon that has three different types: public, self, and institutitonal[6]. Self-stigma develops from shame, blame, and internalization of mental illness, which is most often fueled by public and institutional stigma. Supporting women and birthing people experiencing maternal mental health illness, and reducing shame and self-blame, is critical in achieving treatment regimens and continued engagement with healthcare providers.

2) **Screening women for mental health during the postpartum period:** NICUs across the United States have begun to engage in various forms of screening and intervention to reduce stress and depressive symptoms in mothers during admission. In many cases, maternal mental health concerns remain under-identified and undertreated during a NICU stay, which can have deleterious effects on the offspring, both in short-term outcomes while in the NICU as well as long-term neurodevelopmental and behavioral outcomes (7). Mendelson et al. (6) performed a systematic review and metanalysis of NICU programs designed to evaluate for postpartum depression and anxiety and found it increasingly important to evaluate maternal mental health during NICU admissions to assure engagement and understanding of treatment and discharge plans.

3) **Disparities in maternal mental health treatment:** Overall, Black women are 3-4 times more likely to die during childbirth or within the first year after delivery. Increas-

ingly, studies describe inequity in mental health screening, identification, and treatment for women of color and other vulnerable populations. Sidebottom (8) and colleagues described their study's findings in which African American, Asian, and non-white women were less likely to be screened for postpartum depression than their white counterparts. This study also revealed that women insured by Medicaid and other state programs were less likely to be screened than those with private insurance.

This May, it is essential that we create space to discuss maternal mental health and develop sustainable treatment and well-being strategies. Whether that be in a prenatal visit, admission to Labor and Delivery, during a NICU visit, or in the community, as a nation, we must be prepared to destigmatize maternal mental health and assure a compassionate course of treatment for women who continue to suffer in silence.

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The author has no conflicts of interests to disclose.

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