



Maternal Mental Health

Early Head Start Provides Critical Services to Pregnant Women

Early Head Start provides critical health and early education services to pregnant women and children from birth to age three. Fewer than 13,000 pregnant women are served each year through Early Head Start’s proven model and 32% receive mental health interventions. While identification and treatment are higher than the average (15-25% of women diagnosed with maternal mental health disorders are treated nationally), it is not nearly enough to meet the need.

By the Numbers

Early Head Start mothers received...

Health Services

92%

received prenatal care

88%

had health insurance

71%

received postpartum health care

Education and Support

85%

on fetal development

85%

on the benefits of breastfeeding

85%

on the importance of nutrition

82%

on infant care and safe sleep practices

80%

on the risks of alcohol, drugs, and/or smoking

The U.S. has the highest maternal mortality rate of all developed countries. The maternal mortality rate for Black women is 2.6 times higher than white women. It is estimated that 84% of all maternal mortality deaths were preventable. Mental health is the leading cause of maternal deaths, including suicide and substance abuse.

Maternal mental health disorders affect one in five women and can occur anytime during the perinatal period, which includes pregnancy up to one year postpartum. Symptoms include depression, anxiety disorders, obsessive-compulsive disorder, substance abuse disorder, and psychosis. Roughly 75-85% of women diagnosed with a maternal mental health disorder go untreated, with an estimated national cost of \$14.2 billion annually. Left untreated, maternal mental health disorders may negatively impact mothers and their children.

Mothers are at risk for:

- Hypertension
- Gestational hypertension and hemorrhaging
- Preterm births
- Poor fetal growth
- Suicide

Babies are at risk for:

- Lower birth weight
- Head circumference
- Motor development
- Cognitive development
- Sleep patterns
- Infanticide

But there is a better way. Early Head Start positively impacts the care and services to perinatal women. Early Head Start educators are uniquely positioned to share crucial information and support through home visits to pregnant women. Early Head Start comprehensive services link families, many of whom come from diverse backgrounds, to needed community resources, increasing access to perinatal support and care.

Perinatal Mental Health Facts

One in five pregnant women experience MMH disorders

Black people experience maternal mental health disorders at rates **25 - 52% higher** than the general population

Up to 50% of women living in poverty will suffer from maternal mental health disorders

Asian women are **nine times** more likely to report thoughts of suicide compared to white women

Women from low socioeconomic backgrounds were **11 times** more likely to develop postpartum depression

30% of American Indian and Alaskan Native mothers experience postpartum depression

MMH disorders are higher in small cities and rural communities where rates for Latina women are **40% higher** and **80% higher** for Black mothers

One in 10 fathers will experience postpartum depression or anxiety. Men with partners who suffer perinatal depression are **25 - 50%** more likely to experience perinatal depression, which is consistently associated with negative parenting behaviors. Perinatal depression disproportionately affects low-income men across racial and ethnic groups.

There are no easy solutions to ensuring every pregnant person and their families have adequate mental health care. However, there are strategies to improve the quality and access to support. **Here are five strategies for policymakers and community stakeholders:**

1. Increase funding for and access to Early Head Start services for pregnant mothers: Early Head Start's model improves outcomes for pregnant women and babies. Through Early Head Start, families receive prenatal visits to promote healthy fetal development, care and delivery, and mental health support for mothers. After delivery, home visitors share information on breastfeeding, healthy baby sleep habits, and maternal postpartum care and depression. The need for increased slots is urgent.

2. Increase screening: Roughly one in five pregnant women are not asked about depression during prenatal visits. The Maternal Mental Health Leadership Alliance cites an increased need for tools that screen for a wider range of maternal mental health disorders and that more adequately address cultural and racial differences. Additionally, health care providers must be reimbursed for training on screening tools and procedures, screening and consulting with their patients, and providing necessary resources.

3. Recruit, train, and incentivize mental health providers, particularly those from diverse backgrounds. Mental health providers who represent various linguistic, cultural, and economic experiences expand the perspective and understanding of various communities, providing culturally sensitive information in a language and way accessible to parents.

4. Expand the use of community doulas. Community-based doulas are trained professionals who support pregnant people during the perinatal period.

5. Expand Medicaid. Ten states have not adopted Medicaid expansion, and another two have adopted expansion but have not implemented it. Prenatal care is important to a healthy pregnancy and maternal mental health. Expanding health care for low-income women is a critical step.

Effective Practice Resources

The [National Maternal Mental Health Hotline](#) is a free, confidential service providing access to trained counselors and resources, 24 hours a day, seven days a week in English, Spanish, and more than 60 other languages. They can offer support and information related to before, during, and after pregnancy.

The [Early Childhood Learning and Knowledge Center's](#) webinar, [Connecting All Parents with Perinatal Mental Health Services](#), provides strategies to help all birthing parents access effective mental health care. Early Head Start programs may use this information to connect young families with needed resources.

[The Perigee fund](#) spoke with experts in mental health to identify state and federal solutions. Their [report](#) offers ideas on community-based systems of care.

The [Maternal Mental Health Leadership Alliance](#) provides facts sheets, state reports, and an advocacy toolkit.