

Maternal Mental Health in Colorado



What is maternal mental health?

The mental health of pregnant and postpartum people up to 12 months after delivery.



Why is maternal mental health important?

Depression and anxiety represent the most common complications of pregnancy.¹ Supporting and prioritizing the mental health of pregnant and postpartum people is vital to the well-being of women, children and families in Colorado. People experiencing perinatal mood and anxiety disorders have a higher risk of suicide, cesarean deliveries, and work absenteeism and presenteeism (i.e., they may be less productive or more likely to make mistakes at work).² Left untreated, depression can impair parent-infant bonding and limit a child's emotional development and ability to learn.³

What is the data showing in Colorado?

- Nearly **30%** of Colorado moms in the first 4 months postpartum reported symptoms indicative of a possible anxiety disorder in 2018.⁴
- **11%** of Coloradans reported symptoms of postpartum depression after their new baby was born.⁵ Research indicates this may underestimate the true prevalence in Colorado in large part because the survey is based off of self-report as opposed to a clinical diagnosis, and after giving birth, people may find it hard to be open about their symptoms.
- Untreated depression and anxiety are major contributors to maternal mortality. Approximately one-third (**29.8%**) of maternal deaths occurring in Colorado between 2004 and 2013 were attributed to mental health conditions, including depression/suicide, suicide, recreational drug abuse, prescription drug abuse and other psychiatric conditions not otherwise specified.⁶
- Untreated perinatal mood and anxiety disorders carried a 5-year societal cost of **\$199 million** in Colorado following just 2017 births.⁷

Who is affected?

Pregnant and postpartum people are most frequently affected but it can also affect fathers, partners, adoptive parents and close family members. All pregnant and postpartum people in Colorado, irrespective of age, race, and income, are at risk of depression and anxiety; however, those who are younger and have a lower income report even higher rates of postpartum depressive symptoms than their older, higher-income counterparts.

What are the risk factors?

Maternal mental health complications such as depression and anxiety are caused by a combination of biological, psychosocial, and environmental factors. Strong predictors of postpartum depressive symptoms include a personal or family history of mood or anxiety disorders, sensitivity to hormonal changes, life stress, and poor social support.⁹ Pregnancy and birth complications and infant health issues are also associated with depression and anxiety.¹⁰

Is it treatable?

Depression and anxiety among pregnant and postpartum people is highly treatable. Treatment plans are different for each person but might include increased self-care, social support, therapy or counseling, and treatment of symptoms with medication when necessary. Regular screening and education can increase awareness and identification of depression and anxiety and increase the number of pregnant and postpartum people receiving treatment.

¹ Wisner et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings, *JAMA Psychiatry*, 70, p 490-498.

² Luca et al., *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States* (2019)

³ National Research Council and Institute of Medicine. (2009). *Depression in Parents, Parents, and Children: Opportunities to Improve Identification, Treatment, and Prevention*, The National Academies Press, p 213.

⁴ Colorado Health eMoms Survey 2018.

⁵ Pregnancy Risk Assessment Monitoring System (PRAMS) 2017/18.

⁶ Maternal Deaths in Colorado: An Analysis of Mortality from 2008-2013, Colorado Department of Public Health and Environment, 2017.

⁷ Luca et al., *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States* (2019)

⁸ O'Hara, M. W., & Wisner, K. L. (2014). Perinatal mental illness: definition, description and aetiology. *Best Practices & Research Clinical Obstetrics and Gynaecology*, 28, 3-12.

⁹ O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: current status and future directions. *Annual Review of Clinical Psychology*, 9, 379-407.

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We are actively learning to use inclusive language as we work to ensure the needs of all pregnant and postpartum people are prioritized and met. This is a work in progress and benefits from your voice, ideas and questions.

Colorado Maternal Mental Health Collaborative & Framework

All pregnant and postpartum people deserve to be well.



Let's collaborate to ensure they are resilient and thriving.

What is the Framework?

The Framework is a central source for Coloradans to effectively collaborate, impact action, and accelerate progress toward improved mental health and wellness of all pregnant and postpartum people in Colorado. The Framework is intended as a guiding, unifying document that allows any and all stakeholders across Colorado to better align work in maternal mental health, unite under a shared vision and set of goals, enhance impact, and build stronger collaborations and advocacy.

Who should use the Framework?

The Framework supports the work of diverse and varied professionals, advocates, and organizations in their maternal mental health efforts. It is not intended as a resource for families or caregivers. Rather, it is a tool to align work across Colorado to ensure all pregnant and postpartum people have their mental health needs met and prioritized during pregnancy and early parenting.

Who is involved with the Framework?

The Framework is not owned by any single organization, but exists as a true collective effort building partnerships and fostering conversations and collaborations. Together we hold ourselves accountable to ensure the mental health needs of pregnant and postpartum people are met and prioritized through policy, community and systemic support. We represent numerous sectors and areas of expertise including, but not limited to: behavioral health, community advocates, faith-based leaders, employers, early care & education, health care, philanthropy, public health, public policy, and state & local government.

How is the Framework addressing equity?

The Framework acknowledges that systemic social, economic and environmental factors drive health outcomes for individuals and communities, in which significant and adverse inequities exist. These negatively impact the health and wellbeing of some pregnant and postpartum people in Colorado more than others. We are actively working to build an equitable mental health system that is flexible and responsive to the differing needs and desires of all families so they have the economic, social and political power, and resources needed to support their wellbeing and to make healthy decisions for themselves, their families and their communities.

How can I use the Framework?

We are here to support your work. Use the Framework's tools to talk about the importance of maternal mental health, advocate for resources and funding, inform policy change, and align programmatic efforts. Together we can leverage our collective resources; share practices and innovations; and identify opportunities to support all pregnant and postpartum people through prevention strategies, policies, screening, referral, and a comprehensive, inclusive and responsive continuum of care. This work benefits from your voice, ideas, questions and contributions.

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