



MATERNAL MENTAL HEALTH AT A GLANCE




35,000 births
per year



7,000 families
impacted by MMH conditions

\$168 million cost
of untreated MMH conditions
mother's lost wages and productivity,
poor health outcomes of mother and baby




13% postpartum depression rate¹

37% births covered by Medicaid²

19 deaths per 100,000 births³
maternal mortality rate

1 CDC 2 March of Dimes 3 CDC Wonder Online Database

STATEWIDE EFFORTS

x	Coalition/Commission/Task Force	
✓	Medicaid Expansion	
✓	Maternal Mortality Review	Connecticut Maternal Mortality Review Program
✓	Perinatal Quality Collaborative	Connecticut Perinatal Quality Collaborative
x	Psychiatry Access Program	
✓	Postpartum Support International Chapter	PSI Connecticut Chapter
✓	Proclamation or Resolution	HB 5500 – May is Maternal Mental Health Month; May 5 is Maternal Mental Health Day
✓	State Legislation or Policy <ul style="list-style-type: none"> ✓ Requires screening ✓ Requires education 	<p>Mental Health Report (2022)</p> <p>HB 5500 – On and after Jan. 1, 2023, the maternal mortality review committee shall develop educational materials for:</p> <ul style="list-style-type: none"> • Health and safety of pregnant and postpartum persons with mental health disorders, including, but not limited to, perinatal mood and anxiety disorders • Evidence-based screening tools for screening patients for intimate partner violence, peripartum mood disorders and substance use disorder • Birthing hospital shall provide to each postpartum patient the educational materials regarding the health and safety of pregnant and postpartum persons with mental health disorders, including, but not limited to, perinatal mood and anxiety disorders.
✓	Other	<p>Light for Kara</p> <p>Perinatal Depression Provider Consultation Line - Dial 2-1-1 and Press 2, then 4 off the menu tree or call Child Development Infoline directly at 1-800-505-7000.</p> <p>HRSA - State Action Plan - Perinatal/Infant Health - Application Year, Connecticut (2021)</p>

RESOURCES, RESEARCH, AND TREATMENT

Birth Tribe Doula Collective (Statewide) – Birth Tribe is a collaborative of over 20 doulas who provide birth and postpartum care.

The Center for Postpartum Support LLC (Westport) – Licensed Marriage and Family Therapist, providing counseling to individuals and couples, has been practicing in the field of maternal mental health since 2011.

Child First (Trumbull) – Home-based clinical model providing therapeutic services to address maternal mental health, trauma and attachment through Child-Parent Psychotherapy.

The Child Health and Development Institute (CHDI) (Farmington) – CHDI has developed initiatives to improve early identification opportunities for PMADS, including helping pediatric providers identify mothers who suffer from depression early on and connect them to therapeutic services.

Hope After Loss (New Haven) – Provides information and resources for pregnancy and infant loss.

Mind Over Mood Home Visitation Program (Hartford) – Trains mental health providers to include home-based treatment for those experiencing MMH conditions.

MotherToBaby CT – A state-funded program providing free, confidential, up-to-date information on all types of exposures for women who are considering a pregnancy, pregnant, or nursing. This service can also provide information to health care providers..

Peripartum Mood Disorders Program, Hartford Healthcare (Hartford) – Provides outpatient individual therapy and medication management.

Yale University - Center for Wellbeing of Women and Mothers (New Haven) – Two research projects currently underway: (1) Researching optimal models to support reproductive health clinicians in treating peripartum women with opioid use disorder and (2) testing retraining programs on a smartphone to reduce the attention toward smoking cues in pregnant women who smoked prior to pregnancy.

Yale University - ELEVATE Policy Lab (New Haven) – Implementing The MOMS Partnership®, a program model and package of principles and approaches that, together, can significantly reduce depressive symptoms among underresourced, overburdened pregnant women and moms and increase the social and economic mobility of their families.

