



Perinatal Depression: Investing in Our Mothers Before it's too Late



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EXECUTIVE SUMMARY

Currently, there is no consistent, universal screening process within the United States healthcare system that considers the mental health of a new mother. Mandatory screening for perinatal depressive symptoms would improve the lives of new mothers, children, and their families nationwide. Home-visiting programs, such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supported by Healthy Families America, should be universal and available in every locale in the U.S. Individual state policies within these programs should be tailored to meet the needs of each unique mother, child, and family. Early, nurturing relationships are critical to a child's development. Caring for the mother's well-being is the first step in ensuring a successful life trajectory for children. The Healthy Families America strategy focuses on promoting positive parent-child relationships and healthy attachment by using strengths-based and person-centered approaches.

Wiring the Brain Early with the Connections Needed for Life

85% of all brain development happens by age 3.⁶

Early connections form lifelong brain architecture.⁶

The effects of early healthy development are cumulative & lifelong.⁶

Underdeveloped brain connections can cause lifelong issues.⁶

Why Does Screening Matter?

Perinatal depression is an issue that has become a serious public health problem for not only women, but their children and families as well. Postpartum depression results in long-term effects on the overall well-being of the infant and child.

“Brain development is at its peak prenatally and during the earliest months and years of life. Infant and child experiences during this time set the brain’s capacity and patterns which have a powerful influence on child outcomes for the rest of life”

During pregnancy, health care professionals have a great opportunity to suggest health interventions because pregnant women are more likely to be open to making changes to their mental health before giving birth.

About 10-13% of women portray non-psychotic postpartum depression right following the delivery of their newborn. These rates typically increase (approximately 26%) for women in urban and low-income families.⁴



1 in 7
women suffer from postpartum depression¹⁰

Those participating in Healthy Families America had 22% fewer birth complications.²

In MN, **82%** of the new mothers participating in a home visiting program were screened for postpartum depression symptoms at least once before their child reached three months of age. Of these women, **25%** had symptoms of postpartum depression, and **58%** of the women with symptoms agreed to be referred to community resources for mental health.⁸

Risk Factors to Qualify for Healthy Families America:²

Single Parent

Low Income

Lack of Social Support

Mental Illness

Other Adverse Child Affects

Past or Recent Abortion

Substance Abuse,
Current or Previous

Domestic Violence

Childhood History of Abuse

Healthy Families America mothers were five times more likely to be enrolled in school or training than mothers in a control group.²

Benefits of Home Visiting Programs:¹²

- Improve the physical and mental health of participating families by showing families how to best care for their children and themselves
- Create economic and social benefits for families and communities
- Help children and families access quality health care and resources to improve birth outcomes and ensure children born into poverty have a healthy start
- Empower families to become economically self-sufficient by helping parents pursue career opportunities and providing support to help parents stay healthy and productive
- Help keep families and communities safe by promoting positive parenting practices and supporting parents in times of high stress

Home visiting programs provide a critical access point for providers to connect with new mothers who are most at risk for perinatal depression. These mothers are most susceptible due to layers of risk factors and face numerous barriers to services.

Current Minnesota Legislation regarding perinatal mental health and home visiting programs

MN currently requires educational resources about postpartum depression be provided to new mothers.¹

Every dollar invested in a home visiting program yields a return of \$2.88 to \$5.70 to the community. The clear return on this critical investment has earned home visiting programs bipartisan support.⁷

Several states have awareness/planning initiatives such as awareness campaigns, postpartum depression months, and task force appointments.¹¹

Benefits:

- 20% less time on welfare
- 59% fewer child arrests at age 15
- 67% less behavioral problems in school
- 48% decline in child abuse²

Newly Proposed Bills

On March 5th, 2018, Representatives Kresha, Loon, Haley, Mariani, Urdahl, Bly, Jessup, Pryor and Anselmo introduced H. F. No. 3328 to the MN House of Representatives. The bill was read for the first time and referred to the Committee on Education Innovation Policy. It proposes changes regarding education, health, child eligibility for and administration of the early learning scholarship program, appropriating funds, and amending some codes and supplements. It also proposes **establishing a targeted home visiting grant program for high-risk populations.** A "high-risk" population, includes, but is not limited to pregnant and parenting teens, families experiencing violence, families experiencing isolation, families with mental health needs, families with children having special health care needs, and families experiencing homelessness. The program would be tailored to support newly arriving, isolated, or diverse families, and would serve families prenatally through age five. This legislation would also allocate funds to promote build community capacity by creating collaborative partnerships within and across communities to meet the needs of the most vulnerable families living in poverty.⁹



HOME VISITING PROGRAMS

VOTERS SUPPORT INVESTMENTS IN THESE PROGRAMS THAT HELP PARENTS SUPPORT THEIR CHILD'S EARLY LEARNING, HEALTH, AND EMOTIONAL DEVELOPMENT.

68% OF REPUBLICANS	73% OF INDEPENDENTS	89% OF DEMOCRATS
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AMERICAN VOTERS AGREE: ECE must be a priority for Congress and the administration.
Learn more at www.ffyf.org

(www.ffyf.org)³

Current MN Counties with home visiting services funded by federal grants from the MIECHV Program

Rural counties: Becker, Beltrami, Big Stone, Cass, Clearwater, Fairbault, Hubbard, Kanabec, Lake of the Woods, Mahnomon, Marshall, Martin, Mower, Norman, Otter Trail, Pennington, Pine, Pope, Red Lake, Swift, Traverse, Wadena, Wilkin

Non-rural counties: Anoka, Carlton, Clay, Dakota, Hennepin, Mille, Lacs, Ramsey, St. Louis, Stearns, Washington⁵

Policy Recommendations: Invest in MN Families before it's too Late

Immediate Action:

- Support and pass H.F. 3328 to create a targeted home-visiting grant program for high-risk families so that those with the greatest needs can access services that give them a fighting chance
- Expand MIECHV grant availability and make home-visiting programs accessible in every locale and to every family in MN

No woman is immune from developing postpartum depression!

Long-Term Action

- Create legislation that mandates improved training in mental health for direct care staff of home-visiting programs and perinatal healthcare providers. This would help staff and providers feel comfortable discussing, screening for, and identifying symptoms of poor mental health and would increase their ability to complete necessary referrals. Overall, this would increase access to mental health services for women with perinatal depression.
- Remove obvious barriers to accessing services. This may include increasing access to in-home mental health services, allowing mental health providers to use text messaging to improve communication with clients, or providing transportation and child care for families when they access services.
- Develop a comprehensive system to consistently screen new or expecting mothers for perinatal depression, including mandates for prenatal and obstetric providers who screen women for perinatal depression at every contact point and discuss potential ways to address the depression.
- Finally, while women with numerous risk factors are more susceptible to the development of perinatal depression, this is an issue that affects many expectant or new mothers of every age, race, ethnicity, socioeconomic status, or immigration status, and their children. Between 5% and 25% of all pregnant women or new mothers will suffer from perinatal depression. As a result of these facts and due to its proven efficacy, home visiting programs should be universal so that any family, regardless of risk factors, can access the incredible support and assistance offered by these programs.
- The Minnesota Coalition for Targeted Home Visiting has legislative goals to "Increase funding for home visiting services for families living in poverty (up to 185% of poverty)," to "Increase flexibility and access to targeted home visiting programs," and to "Protect investments to home visiting programs and services." The pursuit of these goals is recommended as well.

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