

Innovation in Maternal Depression and Anxiety: Medicaid Initiatives in California and Nationwide

Maternal behavioral health disorders, particularly depression and anxiety, are critical public health concerns for reproductive-age women, infants, and families. The Medicaid program plays an important role in ensuring that women of reproductive age are able to access health care services in the perinatal and postpartum periods.

Further, low-income women and women of color, two populations that are disproportionately affected by maternal behavioral health disorders, have high rates of enrollment in the Medicaid program.

Maternal Depression by the Numbers

- Approximately **19%** of new mothers experience depression during the first three months postpartum.¹
- Of low-income mothers with a diagnosis of major depressive disorder, more than **one-third** do not receive any treatment.²
- **1 in 5** women suffer from depression, anxiety, or both while pregnant or postpartum in California.³

The following research, clinical, and policy opportunities are intended to guide Medicaid stakeholders in addressing issues with access and coverage for maternal depression and anxiety in the Medicaid population:



Research Opportunities

- Conduct research specific to women in Medicaid to better understand prevalence rates.
- Develop an effective integrative care model for depression and anxiety specifically in the perinatal and postpartum periods.
- Analyze the financial impact of untreated versus treated maternal mental health disorders.



Clinical Opportunities

- Screen for depression and anxiety multiple times throughout women's childbearing years, including the pre- and inter-conception periods and the antenatal and postnatal periods.
- Screen for post-partum depression and anxiety during baby's pediatric visits among other settings.
- Train clinicians in diagnosing and treating maternal behavioral health disorders.
- Train clinicians in providing culturally competent care and reducing stigma.

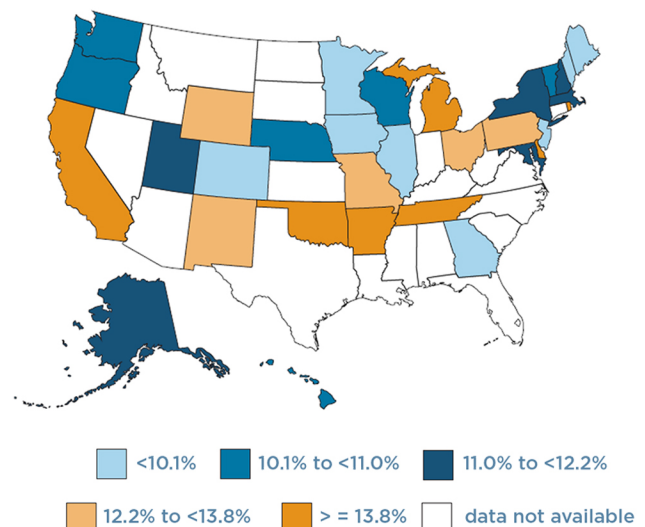


Policy Opportunities

- Expand Medicaid coverage from 60 days postpartum to one year to fully treat postpartum illnesses in state programs.
- Eliminate having the mother-infant dyad on separate Medicaid health plans.
- Implement Medicaid policies that integrate behavioral health into medical services for women of childbearing age.
- Create alternative payment mechanisms to increase access and coverage for women of childbearing age in need of behavioral health care services.
- Improve efforts to update members' contact information and the sharing of contact information with Medicaid MCOs.

For a complete list of sources, please contact the Institute for Medicaid Innovation at info@MedicaidInnovation.org

Figure 1. Rates of Postpartum Depression Prevalence by State, 2012.



Source: UnitedHealth Foundation, 2016, America's Health Rankings® Health of Women and Children Report