



Maternal Health Equity in Medicaid: Maternal and Perinatal Mental Health

Policy Issues and Opportunities to Inform a National Strategic Plan

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There is growing political interest in preserving, restoring, and extending Medicaid coverage for services and supports for women, gender, and maternal health. As federal and state policymakers consider opportunities to improve outcomes, they have been exploring a myriad of options, including community-based models of care, such as doulas and midwives; extension of 12-month postpartum coverage; and access to sexual and reproductive health services. As policies are adopted and payment models are created, the Medicaid program will serve an important role in implementing these innovative changes, including evaluating health outcomes and assessing economic impact and sustainability. Although efforts are underway in almost every state across the United States, a national strategic agenda in maternal health in Medicaid that links all stakeholders and partners together has not been established. The lack of coordination creates inefficiencies in accomplishing shared goals. In response, the Institute for Medicaid Innovation partnered with the Aspen Institute to host a Medicaid policy summit in the fall of 2023. To inform the focus of the summit, a national survey was deployed and a focus group convened to ascertain the priority topics as identified by key stakeholders in Medicaid: federal and state policymakers, Medicaid health plans, national and state leaders, and most importantly, individuals with lived experience. The results of the investigative work identified the following priority topics: maternal mental health, doulas and perinatal community health workers, midwifery-led models of care, and prenatal-to-3.

Maternal and perinatal mental health refers to the mental, emotional, and social well-being of individuals during pregnancy, childbirth, and the postpartum period (12 months after birth). One of the most significant and frequent complications an individual can experience during the perinatal period is related to their maternal and perinatal mental health. Maternal and perinatal depression affects as many as one in seven individuals in the United States,¹ and an estimated 20% of pregnant individuals will experience a

psychiatric disorder during pregnancy or the postpartum period.² Individuals with four socioeconomic status conditions (low monthly income, less than a college education, unmarried, unemployed) were 11 times more likely than individuals with none of these conditions to have clinically elevated depression scores at 3 months postpartum.³

The most common maternal and perinatal mental health disorders are postpartum depression, anxiety disorders, and perinatal mood and anxiety disorders. Postpartum depression is a serious mood disorder that can occur after childbirth. Anxiety disorders are also common during pregnancy and the postpartum period. Perinatal mood and anxiety disorders are a group of mood and anxiety disorders that can occur at any time during the perinatal period.

Maternal and perinatal mental health disorders can have a significant impact on the pregnant or postpartum person, the infant, and the family. Individuals experiencing maternal and perinatal mental health conditions may be at increased risk of adverse infant and maternal outcomes, as they may be more likely to have complications related to self harm, interpersonal violence, decreased healthy behaviors such as sleeping and nutritional habits, and delayed prenatal and other types of care.⁴

In addition to the high rates of maternal and perinatal mental health disorders, many disparities exist in adverse maternal mental health outcomes. Individuals with low socioeconomic status and Black, Indigenous, and people of color individuals have higher rates of maternal mental health complications.⁵ Many individuals who are diagnosed with maternal and perinatal depression will not receive the care they need,⁶ with potential barriers including stigma around mental health needs, lack of providers, lack of culturally competent care, and logistical barriers such as access to childcare or transportation.⁷ These barriers may increase exposure to family separation due to child protective services or criminal legal system involvement. Maternal and perinatal mental health outcomes have long-term implications for the individual as well as the infant; however, these outcomes are often treatable, making maternal and perinatal mental health a critical focus area for Medicaid policy.

We have identified the four core policy areas with issues and opportunities that are specific to Medicaid that, if addressed, have the potential to support increased access and coverage to evidence-based maternal health services while also reducing inequities, respect the preferences of individuals with Medicaid insurance, center care in the community, and strengthen the safety net for families:

- workforce
- payment
- data and quality
- delivery system

This issue brief outlines the policy issues and opportunities related to maternal and perinatal mental health.

Policy Issues

Given the high rates of adverse maternal and perinatal mental health outcomes and the large disparities in these outcomes, understanding the political landscape may provide insight into the mechanisms impacting these outcomes overall and for Black, Indigenous, and people of color populations.

Workforce

There are several workforce issues related to providing maternal and perinatal mental health services, including clinician burnout as well as limited training and resources for clinicians including obstetrician/gynecologists, family practice physicians, and midwives. There has been an increase in clinician burnout across the fields of mental and behavioral health.⁸ High caseloads and limited support can lead to burnout, which, in turn, can impact the availability of care and quality of care provided.⁸ The COVID-19 pandemic exacerbated an already stretched-thin workforce, bringing workforce issues to the forefront. In addition, people with Medicaid insurance may not only find it difficult to secure a clinician, but also one who accepts Medicaid insurance and/or doesn't cap the number of Medicaid patients enrolled in their practice.⁹ An additional barrier to providing effective maternal and perinatal mental health services is the limited training, screening tools, and support clinicians receive.¹⁰

Payment

Having access to insurance coverage in the preconception, pregnancy, and postpartum periods is critical for maternal and infant health, including maternal and perinatal mental health.¹³ As of August 2023, 38 states had opted to expand Medicaid through 12 months postpartum under a state plan amendment through the American Rescue Plan Act of 2021,¹⁴ and 41 states had expanded Medicaid to adults with incomes at or below 138% of the federal poverty level,¹⁵ of which may facilitate coverage before pregnancy for low-income populations. The Consolidated Appropriations Act of 2023 made expansion of Medicaid through 12 months postpartum a permanent Medicaid option.

While having insurance coverage is an important factor in receiving care, simply having insurance coverage certainly does not always equate to having access to high-quality care. For example, while state Medicaid programs have the authority to reimburse for maternal depression screening during well-child visits, states vary on whether this is required, recommended, or allowed.¹⁶ Additionally, there may be unique reimbursement barriers including requirements to document how the depression screening meets the needs of the patient (i.e., the infant) and that an approved depression screening instrument was used. Similarly, states differ on whether Medicaid programs cover innovative models of care, such as hybrid models combining home and hospital birth providers, midwifery-led birth centers, group prenatal care,¹⁷ and doula services.^{18, 11, 19} Together, lack of access to continual insurance coverage and limited coverage of behavioral health services contribute to adverse maternal and perinatal mental health outcomes.

Data and Quality

Multiple challenges complicate accurate and timely surveillance of maternal and perinatal mental health outcomes. Although many infant and maternal health metrics are regularly captured by state and federal entities as well as payers, measures related to maternal and perinatal mental health are severely lacking. For example, although the Pregnancy Risk Assessment Monitoring System collects some information on maternal and perinatal mental health, this survey is administered only to a small sample of individuals. The national standard birth certificate form does not include questions regarding mental health, despite its inclusion of information related to physical morbidities (e.g., gestational diabetes). Similarly, quality metrics used by payers rarely include maternal and perinatal mental health outcomes, with none included in the adult Medicaid core set.²⁰ Finally, although some states may consider suicide and accidental deaths (i.e., external causes) as maternal deaths, formal federal definitions of maternal mortality do not include suicide and accidental drug overdose.²¹ These issues result in substantial challenges with measuring and tracking maternal and perinatal mental health conditions at the individual and population levels.

Delivery System

Individuals may experience challenges in accessing mental health services and supports, including not being screened or referred to care by their clinician. Validated screening tools that encompass the different maternal and perinatal mental health conditions are not available.²² Though screenings are highly encouraged, and in some places mandatory, they do not always happen or may not happen at appropriate points during the maternal and perinatal periods.²³ Additionally, screening tools may not be culturally congruent with limited validation across multiple races, ethnicities, gender identities, and economic levels.²⁴ Screening is not always conducted for the purpose of referral to services and often does not lead to follow-up. For those who are screened and referred to maternal and perinatal mental health care, other challenges may exist including transportation barriers and few or no clinicians in their area.

Furthermore, individuals seeking care may not be able to access culturally congruent care.²⁴ Some forms of care do not exist or are rare, such as residential substance use treatment in which young children can attend with their parents. Additionally, some people face stigma and punishment as a result of a mental health diagnosis. During the COVID-19 public health emergency, many flexibilities were extended by state Medicaid agencies for telehealth behavioral health services. These flexibilities alleviated some barriers that individuals experience. In a post-pandemic environment, some states are permanently enacting public health emergency flexibilities, while others are rolling them back, which leads to decreased access to care.²⁵ Finally, the lack of representation from social workers, psychologists, and psychiatrists on maternal mortality review committees is a real deficit. When mental health professionals are not represented on the maternal mortality review committees, preventable deaths may not be identified or reported appropriately.²⁶

Policy Opportunities

Maternal and perinatal mental health has gained increased attention as a high-priority focus area for improving maternal and infant health. Because maternal and perinatal mental health outcomes are among the most common comorbidities of pregnancy and the postpartum period, addressing these challenges presents the opportunity to significantly impact many maternal and infant outcomes, including rates of infant and maternal mortality.

Multiple Medicaid policy opportunities specific to maternal and perinatal mental health span issues related to the workforce, payment systems, data and quality, and delivery system.

Workforce

Enhancing the maternal and perinatal mental health workforce and increasing resources to support clinicians offer an opportunity to improve access and coverage for those with Medicaid insurance. Specific policy opportunities to enhance and support the workforce include:

- Incorporate **maternal and perinatal mental health training for all types of clinicians** who provide care for pregnant and postpartum individuals.
- Increase and improve clinician training for **cultural congruence, trauma-informed care, and stigma associated with perinatal mental health**, including substance use disorders.
- Support **coverage for doulas, midwives, and midwifery-led birth centers**.

Payment

Maternal and perinatal mental health challenges related to payment are largely contributed to a lack of continuous coverage throughout the prepregnancy to postpartum period and limited coverage of behavioral health services relative to coverage for physical morbidities. The policy actions that may provide important mechanisms for improving such issues include the following:

- Establish **more generous coverage of behavioral health services** throughout the maternal and perinatal periods among all insurance payers.
- Ensure **access to community- and patient-centered innovative care models**, such as midwifery-led birth centers, hybrid care models, doula services, and group prenatal care.
- **Increase the number of states that expand Medicaid through 12 months postpartum** under the American Rescue Plan Act of 2021.
- Encourage **all states to adopt Medicaid expansion under the Patient Protection and Affordable Care Act**.
- Establish **sustainable payment rates for maternal and perinatal mental health services**.
- Establish **equitable and sustainable payment rates** for doulas, midwives, and midwifery- led birth centers.
- Increase **reimbursement rates for maternal and perinatal mental health services**.

Data and Quality

To address the **maternal** and perinatal mental health crisis, it is critical that we address the lack of timely and accurate measurement of maternal and perinatal mental health conditions, quality of care, stigma, and outcomes. Improvements in surveillance can be facilitated by a few key policy actions:

- **Increase use and adoption of standardized measures** of quality of care and outcomes related to maternal and perinatal mental health among insurance payers. (See the work of the [Alliance for Innovation on Maternal Health](#) and the [National Committee for Quality Assurance](#) for examples of such metrics).
- Ensure that **quality metrics identify outcome measures**.
- Develop and implement mechanisms that may improve the **national collection of maternal and perinatal mental health conditions** across the maternal and perinatal period, including collection of such information during pregnancy, delivery, and postpartum period.
- Establish **standardized practices for disaggregating measures of outcomes, use, and quality of care metrics by granular racial and ethnic categories**.

Delivery System

Enhancing the maternal and perinatal mental health delivery system offers an opportunity to improve access for those with Medicaid insurance coverage. Specific policy opportunities to enhance the delivery system include the following:

- Increase coverage for maternal and perinatal mental health services that are **delivered via telehealth, including audio-only delivery**.
- Increase **reimbursement rates for maternal and perinatal mental health services**.
- Improve training for clinicians to ensure that the care they provide is **culturally congruent, trauma informed, and destigmatizing**.
- Expand the role of **midwifery-led birth centers as community hubs** that offer wrap-around services, such as group prenatal and postnatal education, lactation support, mental health counseling, family planning, nutrition and wellness programs, and referrals to other health and social services.
- Ensure there is **representation from mental and behavioral health professionals** on task forces and committees that address maternal and perinatal health, including maternal mortality review committees.

Looking Ahead: Prioritizing Maternal Mental Health

This issue brief provides an overview of salient policy issues and opportunities specific to maternal mental health. It provides essential background information to support the establishment of a national 5-year policy strategic plan informed by all Medicaid partners and stakeholders to support increased access and coverage to evidence-based maternal health services and supports that reduces inequities, respects the preferences of individuals with Medicaid insurance, centers care in the community, and strengthens the safety net for families. The Medicaid partners and stakeholders participating in the development of a national 5-year strategic plan will lead, colead, and/or support the commitments that are developed to chart a path forward.

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