



Black Maternal Mental Health in the United States July 2021

The United States is the most dangerous high-income country in which to give birth. Despite spending \$111 billion on maternal and infant health outcomes, the United States is experiencing an ongoing maternal health crisis that disproportionately affects Black women. Black women are two to three times more likely than White women to die in childbirth or from pregnancy-related complications. Further, Black women are also more likely to face higher rates of severe maternal morbidity.^{1,2,3}

The COVID-19 pandemic has worsened maternal health inequities. Black women face higher COVID-19 mortality rates than white women and are more likely to experience an increased risk of exposure to, and contraction of COVID-19 due to heightened social risk factors, which are the byproducts of systemic racism in the United States.^{4,5,6} Simultaneously, Black birthing people are experiencing a maternal mental health crisis. Mental health is a crucial component of overall health and well-being, yet it is an often-underserved area of healthcare, especially for Black birthing people.

The current maternal mental health crisis stems from the United States' long history of regulating Black birthing people's autonomy over their bodies.⁷ Black birthing people have endured chattel slavery, forced sterilization, Jim Crow, and other forms of oppression, in which their bodies have been exploited and their rights suppressed. Black birthing people's exposure to these historical forms of oppression that persist in new forms today has led to intergenerational and historical trauma,⁸ which affects both physical and mental health. Undoing these forms of harm is at the core of reproductive justice, which is the human right to bodily autonomy, have or not have a child, and the right to parent one's children in safe spaces.

Comprehensively addressing the ongoing maternal health crisis requires critically evaluating the state of maternal mental health. Maternal mental health challenges can occur during pregnancy or up to one year postpartum. Depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), bipolar disorder, and postpartum psychosis are some of the most common mental health challenges that birthing people face.^{9,10,11} Maternal mental health challenges affect the mother and baby's health and well-being. Mothers who experience challenges with their mental health are more likely to have trouble bonding with their baby, delay breastfeeding, or stop breastfeeding early.¹²

- **Due to racism, Black birthing people tend to experience forms of oppression, such as classism and gender oppression, that affect their mental health more than white birthing people.**^{13,14,15} Given the United States' social climate, racism is a risk factor for poor health outcomes. Living in a world of global white supremacy means that Black birthing people already have higher chances of experiencing mental health conditions.
 - Black mothers are at a higher risk of experiencing mental health challenges than white mothers.¹⁶
 - Black mothers experience intersecting and compounding forms of oppression, rooted in racism, that make them more vulnerable to mental health challenges and present barriers to accessing support.
 - Black mothers are more likely to experience living in poverty, layers of stress in their intimate relationships that lead to separation and divorce, unemployment, financial challenges, and less insurance coverage.¹⁷

- **Racism causes black birthing people to disproportionately face not only various forms of oppression but also maternal mental health challenges**^{1, 18} In turn, Black birthing people are more likely to have worse mental health overall than white birthing people.¹⁹
 - Black mothers with young children experience more serious, long-term symptoms of mental health challenges than white mothers. Further, Black and non-Black new mothers of color are almost twice as likely to experience postpartum depression as white new mothers.²⁰
 - Black mothers living in rural communities are 80 percent more likely to experience postpartum depression than white mothers.²¹

- **The stigma associated with seeking mental health services affects Black maternal mental health.** Black mothers are less likely to access and use formal mental health services²² due to negative perceptions of getting support for their mental health.²³
 - Nearly 60 percent of Black and Latina mothers do not receive any treatment or support services for prenatal and postpartum emotional complications due to social and cultural stigma.²⁴
 - Culture and religion, which are often inseparable in Black communities,²⁵ play a role in affecting the ways that Black mothers think about and cope with mental health. Cultural and religious beliefs tend to emphasize being private about mental health concerns to avoid being seen as weak or not having faith.²⁶

Policy Recommendations²⁷

- **Pass the Momnibus Act.** We call on Congress to pass the Black Maternal Health Momnibus Act of 2021,²⁸ led by Reps. Lauren Underwood and Alma Adams, and Sen. Cory Booker. The Momnibus is a set of 12 bills designed to comprehensively address the ongoing Black maternal health crisis and uphold many of the tenets of reproductive justice.
 - The Black Maternal Health Momnibus Act of 2021 includes two bills addressing maternal mental health: the Kira Johnson Act (H.R. 1212/S. 1042)²⁹ and the Moms Matter Act (H.R. 909/S.484).³⁰
 - The Moms Matter Act addresses maternal mental and behavioral health outcomes for birthing people of color while they are pregnant and up to one year postpartum. This bill also provides grants for schools and community-based programs to improve access to culturally congruent healthcare, expand the mental and behavioral health workforce, and support pregnant and postpartum birthing people of color.

- The Kira Johnson Act provides funding to community based organizations that work to promote black maternal health equity. This bill also provides funding to implement training on racism and implicit bias for employees in maternal health settings. Finally, the bill provides grants to create respectful maternity care compliance programs to promote accountability in healthcare settings.
- **Extend postpartum care.** We ask for Congressional members to mandate an extension of Medicaid postpartum coverage beyond the typical 60 days to at least one year postpartum.³¹
 - 11.7 percent of maternal deaths occur between 43 days and one year postpartum.³²
 - Medicaid finances almost half of all births in the country, and Black women are chronically underinsured due to occupational segregation. That makes access to health insurance a critical component in addressing the ongoing maternal health crisis. Further, clinical guidelines recommend that postpartum care should be an ongoing process.
 - At the federal level, policymakers must ensure that all women have continuous access to health care, no matter their ZIP code.
- **Prioritize sexual and reproductive health.** We call on the Biden-Harris administration to keep their campaign promises to prioritize the health of Black women across the country by establishing the Office of Sexual Health and Reproductive Well-Being (OSHRW) within the White House.
 - The White House should prioritize sexual and reproductive health. Creating this office would allow for coordination across the many offices and agencies currently tasked with reproductive health and well-being, rather than the siloed efforts that currently exist. The lack of coordination across the federal government on issues of sexual health and well-being is a disservice to Black communities across the country who have historically been barred from accessing the health care services we need.
 - There is broad cross-sector support for the development of the office, including support in both chambers of Congress and from over 150 different organizations that represent the maternal and child health field and the reproductive justice movement.³³

¹ Centers for Disease Control and Prevention. 2019. *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*. CDC Newsroom. Retrieved July 20, 2021 from <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

² Oribhabor, Geraldine I., Maxine L. Nelson, Keri-Ann R. Buchanan-Peart, and Ivan Cancarevic. 2020. "A Mother's Cry: A Race to Eliminate the Influence of Racial Disparities on Maternal Morbidity and Mortality Rates Among Black Women in America." *Cureus* 12(7):e9207.

- ³ Artiga, Samantha, Olivia Pham, Kendal Orgera, and Usha Ranji. 2020. Racial disparities in maternal and infant health: An overview. Retrieved July 20, 2021, from <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>.
- ⁴ Centers for Disease Control and Prevention. 2020. *COVID-19 Hospitalization and Death by Race/Ethnicity*. Coronavirus Disease 2019 (COVID-19). Retrieved July 20, 2021 from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- ⁵ Millett, Gregorio A., Austin T. Jones, David Benkeser, Stefan Baral, Laina Mercer, Chris Beyrer, Brian Honermann, Elise Lankiewicz, Leandro Mena, Jeffrey S. Crowley, Jennifer Sherwood, and Patrick S. Sullivan. 2020. "Assessing Differential Impacts of COVID-19 on Black Communities." *Annals of Epidemiology* 47:37–44.
- ⁶ Centers for Disease Control and Prevention. 2021. "Risk for Covid-19 infection, hospitalization, and death by race/ethnicity." Retrieved July 20, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.htm>
- ⁷ Roberts, Dorothy E. 1997. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York, NY: Pantheon Books.
- ⁸ Walters, Karina L., Selina A. Mohammed, Teresa Evans-Campbell, Ramona E. Beltrán, David H. Chae, and Bonnie Duran. 2011. "Bodies Don't Just Tell Stories, They Tell Histories: Embodiment of Historical Trauma among American Indians and Alaska Natives." *Du Bois Review: Social Science Research on Race* 8(1):179–89.
- ⁹ Green, Stephanie. 2021. "The Maternal Mental Health Crisis Undermines Moms' and Babies' Health." Washington, DC: National Partnership for Women and Families and National Birth Equity Collaborative. Available at <https://www.nationalpartnership.org/our-work/resources/health-care/maternal-mental-health-crisis.pdf>. Accessed June 28, 2021.
- ¹⁰ Ceballos, Miguel, Gail Wallace, and Glenda Goodwin. 2016. "Postpartum Depression among African-American and Latina Mothers Living in Small Cities, Towns, and Rural Communities." *Journal of Racial and Ethnic Health Disparities* 4: 916-927.
- ¹¹ Parker, Amittia. 2021. "Reframing the Narrative: Black Maternal Mental Health and Culturally Meaningful Support for Wellness." *Infant Mental Health Journal*: 1-15.
- ¹² Madlala, S. S., and S. M. Kassier. 2018. "Antenatal and Postpartum Depression: Effects on Infant and Young Child Health and Feeding Practices." *South African Journal of Clinical Nutrition* 31(1):1–7.
- ¹³ Centers for Disease Control and Prevention. 2008. "Prevalence of Self-Reported Postpartum Depressive Symptoms—17 States, 2004–2005." *Morbidity and Mortality Weekly Report* 57(14): 361– 366.
- ¹⁴ Ertel, Karen A., Janet W. Rich-Edwards, and Karestan C. Koenen. 2011. "Maternal Depression in the United States: Nationally Representative Rates and Risks." *Journal of Women's Health* 20(11):1609–1617.
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- ¹⁸ See note 11.
- ¹⁹ National Center for Health Statistics. 2016. "Health, United States, 2015: With special feature on racial and ethnic health disparities." Available at <https://www.ncbi.nlm.nih.gov/books/NBK367640/>. Accessed on June 28, 2021. Also see notes 6 and 7.
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- ²¹ See note 9.

- ²² Lee, Kyunghee, and Kristin Rispoli. 2017. "Racial Disparities In Perceived Social Support and Social Service Use: Associations with Maternal Depression and Head Start Participation." *Journal of Community Psychology* 45(8):1080–1093.
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- ²⁵ Taylor, Robert Joseph, Karen D. Lincoln, and Linda M. Chatters. 2005. "Supportive Relationships with Church Members among African Americans." *Family Relations* 54(4):501–511.
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- ³³ National Birth Equity Collaborative. 2021. "Call for an Office of Sexual and Reproductive Health and Wellbeing (OSRHW)." Retrieved July 20, 2021 from <https://birthequity.org/call-for-osrhw/>.