Maternal Mental Health Journey Map

PROVIDER PAIN POINTS

"Understanding previous diagnosis and risk factors is critical from day one. You need an ongoing eye on the patient because you don't know if someone is going to go from mild to moderate to severe. But whose job is it?"

"Everyone cares, but everyone comes at it from a different angle. OB's are better at managing illness and surgery. Midwives look at the whole person but manage normality."

"Mostly people arrive in care because they were told to come off medication. They come off, end up in crisis and then need more meds to be stabilized."

"There is often a lot of discomfort among providers with the content. Training needs to include how to understand all the things someone is presenting with such as social determinants, life circumstances."

"Massachusetts has a ton of providers who don't take insurance for a lot of things. Lactation consultants don't, but you can get reimbursed. A lot of people move outside the insurance system."

Eight states do not have an active policy for maternal depression screening in place.

"A woman's pediatrician made a lactation consult, but it was coded under the baby and then it couldn't be reimbursed."

"The screener is like a broken promise."

"What happens if you ask someone how they are and they are not okay? You have 15 minutes for each person. It will blow up your whole day."

"I think a lot of Medicaid-accepting clinics screen. It's a strong recommendation. But what happens with those patients when they screen positive and have nowhere to go?"

"Our reputation problem is well deserved. If we become more helpful, more people will know. We can always think about someone who will be missed, but we are not taking care of people who are screening people positive now."

"It's difficult to do, it gets to representation. A fifth-year accreditation. A lot of people don't do it [fellowship]."

"One of the barriers is providers want to do the right thing. But if they ask the questions they have to have resources to send them somewhere."

"Almost half of the population lives in a maternal mental health desert. It's even harder to find workforce in rural areas."

"People go into fields for different reasons. You can't be an expert in everything – going to a specialist is important."

"I don't take any insurance in this practice. It's very strategic."

TIMELINE

Expecting — Prenatal Appointment (~10 weeks)

Prenatal — Prenatal Appointment (5-15 weeks); Prenatal Appointment (16 weeks); Prenatal Appointment (22 weeks); Prenatal Appointment (26 weeks); Prenatal Appointment (31 weeks); Prenatal Appointment (34 weeks); Prenatal Appointment (36 weeks); Prenatal Appointment (38-39 weeks); Prenatal Appointment (40-41 weeks)

Birth

Postpartum — EPDS screening Tool at Baby Wellness Appointment; EPDS screening Tool at Baby Wellness Appointment; EPDS Screening Tool at Baby Wellness Appointment; EPDS Screening Tool at 6 weeks)

PHASES

Finding Out
Awareness of mental health and life stressors during pregnancy can greatly impact outcomes whether planned or unplanned.

- "I was tired and stressed out [with my second]. I wanted more children, but not so soon. I didn't want to bring another child into the world when we were so unstable for what our ideal is, financially not in a great place."
- "First one was planned, very excited. [For our] second, we weren't planning and it was a surprise and I was at a different place in my career. That's when I decided to leave the workforce and that had its own mental consequences as well."
- "My feeling of joy went into anxiety during the start of pandemic."

Preparing
Knowledge and comfort with handling maternal mental health is highly varied.

- "[My] first baby was more mental health challenging because of the pandemic. My coworkers didn't know. I was pregnant. I barely got exercise because I couldn't go anywhere."
- "I anticipated challenges with the physical parts of pregnancy. I'd heard about the baby blues, but it didn't occur to me to take care of my mental health."
- "The physical part of pregnancy wasn't bad for me. The biggest struggle was the emotional and mental part."
- "I didn't know my mental health would change so much, or that there was an option to seek support. I didn't have the right words to even talk about it."

Prenatal Appointments
Mothers don't consistently receive the type of mental health support they need during prenatal appointments.

- "I had to go to appointments by myself, I cried every appointment...I just felt alone and was literally alone."
- "You don't know what questions to ask. There is no one to hold your hand."
- "I started with original OBGYN. When I got the pregnancy Medicaid, they don't accept Medicaid. At the old practice, I was told that I would have to pay $8,000 for the appointment because they don't take [pregnancy] Medicaid."
- "In hindsight I could have definitely used some support. I was going through some postpartum anxiety or depression, or whatever, they are the same thing. I didn't want to deal with it through this medical process, venue."

Home Feeling Alone
Care across motherhood is not a holistic experience and inclusive of their mental health.

- "I remember them asking questions, and I have many mostly preparing for labor and delivery. What do I need to do for next test? Very functional process, procedural. Not really about how you were feeling mentally about it."
- "[I had] fewer in person appointments [because of COVID] - so [I had] fears that I now know are normal, but couldn't be reassured in-person until I went in-person."
- "I don't recall them talking about it [mental health] until after giving birth - just some forms afterwards."
- "With COVID people had their masks and HazMat suits. It was so sterile. More human interaction, more people who could have literally and figuratively taken their masks off."

Lack of Sleep
Postpartum medical care prioritizes the baby's health.

- "I felt supported until after I gave birth."
- "You leave the NICU with a huge binder of docs about your kid, but nothing about you and what's going on in your area."
- "I wasn't anticipating the impact of those first couple of days and all those changes you go through."
- "When everyone goes back to work, it's just you and the baby."
- "I felt very cared for all through pregnancy and then I had the baby, and it was like okay, you are done, we are done caring for you and now it's all about the baby. I was very confused by that dynamic."
- "If my husband had been more equipped to understand all the hormonal shifts you go through, or the signs of postpartum depression, if he were more educated he could have been more of a support to me."

Breastfeeding
The initial lack of sleep due to feedings and care of an infant compounds mental stress, especially in the middle of the night.

- "I would know I was past the point of needing sleep when I would just cry and that was my indicator, I needed to get sleep no matter what, but it got to the point where I started to hallucinate. It got really scary and I did not feel great about that. The sleep deprivation was bad."
- "My therapist helped me to come to terms with the decision not to breastfeed. Sleeping through the night, for a full eight hours allowed me [to receive] support, and for my husband to bond with the baby."
- "At four months your child is not sleeping, you are not sleeping enough, [you're a] zombie at work, but still expected to show up in a certain way."
- "We were in a hospital that had a baby nursery. The baby luckily spent most of the day there while in hospital. I didn't feel physical capable of taking care of her. My husband was similarly been awake for 36 hours. The first few days I just focused on sleeping as much as I could. The time in the hospital was easier than time at home."

6-week Appointment
Competing pressures and messages around breastfeeding add significant stress.

- "No one acknowledged how difficult it was. It only made me feel I was doing something wrong because no one was acknowledging how hard it was. Shouldn't I be able to do this?"
- "Pretty bad low moments after weaning, all of the hormonal shift. I don't think anyone shared that that was normal or would be happening."

Screener
The focus of the single six-week postpartum check-in is often a disappointment, as mental health is not prioritized.

- "Make me feel like I am actually being listened to. Ask about me as a person. I am still a person. I am still a female, a woman. Sometimes you get that feeling of the doctor doesn't really want to hear you."
- "I started having real big feelings when I had to go back to work at six-weeks. The whole time I was working, I was crying and driving and crying and pumping at work - at least a year."
- "I went in for my six-week appointment feeling excited because I get to talk to someone in person about everything that had happened and instead, I felt like I was being treated like a broken robot."
- "My hardest time was the first two weeks and I didn't get anyone asking how I felt until six weeks later."

Finding a Therapist
Screenings are inconsistently delivered, hard to understand, and can add to or exacerbate fears.

- "We talk about the forms at pediatricians' a lot. No one is a fan. You're overwhelmed. One woman refers as the form we all lie on. 'What happens if I check this box, will they take your baby?' Everyone can lie."
- "I was terrified my kids would be taken away from me [if I told my midwife or doctor] what was going on for me."
- "To be honest, you don't really want to put yes because you don't know the next step after that. 'Is she even capable of being a mom or do we need to step in and intervene?' I would rather talk with someone about it."

Going Back to Work
Connecting to mental health resources comes too late, is too hard, or impossible to prioritize with a newborn, especially for mothers with Medicaid.

- "The hardest part is finding someone who takes Medicaid. I can call all the therapists in the area, but not everyone takes Medicaid."
- "I didn't go for months. There were waitlists. The other piece was, I was starting to go back to work and find a daycare. That an appointment, it felt too much, another thing."
- "When I was in distress and having to maintain the follow through. The fact it took me weeks to find someone, that was unexpected. I was battling it on a daily basis."
- "Took me a whole day to find a provider. I called Medicaid and they gave me people to call. I was told it would take me a month to get in. I was able to get in earlier because I needed to do the follow up from the ER visit."
- "I did have a suicide scare with my first son. And at that point I realized I was not okay. And I actually went to my [Medicaid] insurance, and they didn't cover anyone. You try to reevaluate what you are doing and try to not have the same thing with the second one, but it didn't work out that way. It took me longer to heal with the second."

Finding the Right Therapist
Returning to work too soon is a trigger for mental health issues. Most U.S. mothers do not have adequate or any paid leave.

- "I had paid leave, 12-weeks paid. My husband two weeks paid and took two weeks of regular leave. It sucked. It was really hard. I was still not recovered in terms of energy."
- "I was able to take paid parental leave, totally paid and that was critical in both pregnancies and postpartum. Even having three months paid felt like not nearly enough, knowing most women get ten days, that's when my son went to the hospital."
- "I didn't want to go back to work, but America isn't really set up for moms to stay at home and live on one income so that wasn't something we could do."
- "I definitely had some separation anxiety with both, but of course I have to work. I have to be able to survive so I have to get over it. This one, I think I'm going to have to do six to eight weeks [parental leave] this time."
- "I had a hard time at first. I wasn't working at home much. I worked two days at home. I hated the days I commuted and felt saw her 45 minutes when I got home. We liked her daycare. It was an adjustment. The pumping schedule."

Finding maternal mental health that is affordable, accessible, and feels like a good fit is challenging, if not impossible.

- "[I] found a therapist, but I didn't really feel comfortable. It was a situation where I couldn't connect to her and open up the way I wanted to. I ended up ending it."
- "I couldn't find someone who had availability between chronic pain and insurance so it fell by the wayside. I was trying to juggle it all. It got really bad; my mental health got bad again after she turned one. She's screaming and crying when she should be sleeping."
- "Every health insurance under Medicaid has a hidden menu of services that you wouldn't know about unless you know to call and ask about it."

MOTHER'S THOUGHTS & PAIN POINTS

KEY INSIGHTS

Compounded life stressors affect pregnancy as well as the mother and baby in postpartum. Mothers carry much of the family's mental load. It's much harder to recover once all these responsibilities pile up, especially for those dealing with other life circumstances.

Mothers with Medicaid have a tough time accessing mental health services in a timely manner, because there are not as many providers who will take the lower reimbursement rates. The challenges of finding quality care increases a mother's anxiety, stress, and mistrust of the system.

Mothers who had check-ins by a midwife, nurse, and/or doula right after birth in their home or on the phone felt cared for and could speak more frankly without being dismissed. They didn't have to wait six weeks to discuss mental health concerns.

The initial appointments after birth are focused on the baby's wellness. This baby-centered model leaves mothers vulnerable and isolated to an already stressful time as they transition to motherhood.

Postpartum can be isolating and lonely, especially for those living far from friends and family. Many want support groups or community, but don't know how to find them.

The lack of sleep due to 24/7 feedings, typical of newborn care, contributes to and compounds maternal stress, especially for mothers without support.

Mothers feel a great deal of pressure by providers to breastfeed. They are not often given knowledge of alternatives such as formula and combination feeding, and the tradeoffs, even if attempting to breastfeed impacts their mental health.

Screenings can be delivered with a lack of time, education, expectation setting, and empathy - all of which could help mothers understand how the survey is used and potentially increase screener effectiveness. Instead, the screening can build fear, impeding honesty.

Providers may not screen at all because they don't specialize in maternal mental health, aren't trained to handle the output, and/or are not incentivized to do it. Screening is only effective if providers have somewhere for patients to go, and too often, they don't.

The process of finding a mental health provider that takes your insurance and waiting for the first appointment can have dire consequences for a mother, especially with suicidal thoughts or near crisis. The thought of calling several places to schedule feels impossible with a newborn. Support often feels too late.

Mothers felt that the U.S. health care system prioritizes those who can afford to pay for services, and expects individuals to be on top of managing their own care. The mothers who are the most vulnerable often don't receive the support they need.

A shrinking maternal mental health workforce and lack of racial and ethnic representation impacts Black and brown mothers in particular, who are more likely to experience greater negative maternal health outcomes, and are less likely to find culturally congruent care.

WISHES/ OPPORTUNITIES

Create spaces where mothers can build community

"For brand new moms who have never had babies, a support group after [birth] for you to share your experiences. It's harder than I thought and that support would be nice. I should have gone to therapy a lot sooner and [had] a more in-depth mental health assessment. I would have been more likely to do it...wouldn't have struggled so much." – mother

"I needed somebody to see how I was feeling and not just hear, and reflect back that it was familiar to them, and they got through it. Someone to commiserate with." – mother

"Having someone who I knew and like my sister or a community of other mothers, more community." – mother

"Someone who has been though the experience who you know and trust." – mother

Prepare mothers with tools & community early

"My husband and I joined a mindfulness birthing group. [It was] the biggest support and the tools that I learned there were most valuable." – mother

Doulas as advocates

"Doulas are good at introductions. Doulas often have access to the local resources that keep you engaged." – provider

Access to high-quality care for all

"Therapy should be included with Medicaid like you have dental and vision. You should have a therapy appointment too." – mother

Add prenatal mental health check-ins

"To be honest a new mother should really be checked one month, six weeks, six months, a year - just so you know that they are physically okay...A lot of women die shortly after birth because they don't have enough attention." – mother

Education about medication

"I wish there was more literature on the different medications, what are the risks, what training people have to have that follow-up conversation. Filling out a piece of paper is not enough." – mother

Meet mothers & baby where they are

"If someone came to my house, I would have felt more seen, supported and I could be my fuller self." – mother

"Would have been nice to have midwives or OB call to check in on how I was doing. Not just at a baby well care appointment." – mother

"Even if it was a care manager model. I didn't need to go bunch more appointments necessarily. A follow up phone conversation I didn't have to initiate." – mother

Sleep strategies & support early

"I knew I was feeling better when I was sleeping through the night, enjoying myself, leaving the house, enjoying my maternity leave." - mother

"Someone who can say you need rest, you need a break, you need sleep." – mother

Breastfeeding greatly affects mental health

"My therapist helped me to come to terms with the decision not to breastfeed. Sleeping through the night, for a full eight hours allowed me [to receive] support, and for my husband to bond with the baby." – mother

Paper screening alone is not enough. Make time for human connection & explanation

"The survey at the pediatrician connected me to someone; [that] was huge. We only get one postpartum appointment." – mother

"How the provider responds really matters. [It] could be a small thing that is very beneficial. 'I see you; I hear you,' is sometimes intervention itself." – expert

"Screening tools for mental health, it's very hard to scrutinize people to write down they're not doing well. It's easier to talk about it. Screeners are useful conversation starters." – provider

"It felt good that someone noticed, and I wasn't just sending these surveys out into the ether." – mother

Maternal mental health care IS health care

"How can anyone go through the process of becoming a new mother without having a therapist? It felt so important to have someone to talk to." – mother

"This was covered by insurance, the lactation consultant and therapist. It would have been a huge barrier for me if insurance hadn't covered it, mental and physical." – mother

Paid parental leave improves outcomes for the entire family

"Parental paid leave is important and not enough. A new parent can't put their whole emotional self into being a parent, it's a whole another layer." – mother

Specific maternal mental support & diverse workforce training

"With my therapist and with my daughter [second child] – knowing that I had someone to talk to was very helpful and it was built-in. She visited me when I was in the hospital when I had the baby and met the baby and my husband. It's not something I would have sought out if the midwife had not suggested it." – mother

"More support from midwife after six-weeks that's already set up. You've been through such an ordeal with them and then you never see them; [just] after six-weeks to see if you can have sex again." – mother