



**TESTIMONY IN SUPPORT OF H.2163/S.1375
AN ACT RELATIVE TO POSTPARTUM DEPRESSION SCREENING
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH
June 6, 2023**

The Massachusetts Medical Society is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS strives for health equity, advocating for vulnerable patients especially during time periods most critical to their health. In pursuing those ends, the Medical Society has policy in support of mandating insurance coverage for postpartum depression screenings. Accordingly, and for the reasons below, **the Medical Society is in strong support of H.2163/s.1375, *An Act Relative to Postpartum Depression Screening***, which would provide insurance coverage for postpartum depression screenings during any visit to a pediatrician's office within the first twelve months after delivery.

Postpartum depression (PPD) is an often-overlooked major depressive disorder that affects 10–20% of obstetric patients. The prevalence of PPD varies on multiple risk factors, including socioeconomic status, prior mental illness, and other stressful life events.¹²³ Furthermore, perinatal suicide accounts for up to 20% of maternal mortality.⁴⁵ PPD not only affects the person's ability to function, but it can also lead to impaired parent-infant bonding, delays in child development, discontinuation of breastfeeding, child abuse and neglect, and family

¹ Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol.* 2005 Nov;106(5 Pt 1):1071-83. doi: 10.1097/01.AOG.0000183597.31630.db. PMID: 16260528.

² O'Hara, M. W., & Swain, A. M. (1996). Rates and risk of postpartum depression-A metaanalysis. *International Review of Psychiatry*, 8(1), 37– 54. <https://doi.org/10.3109/09540269609037816>

³ Halbreich U, Karkun S. Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms. *J Affect Disord.* 2006 Apr;91(2-3):97-111. doi: 10.1016/j.jad.2005.12.051. Epub 2006 Feb 7. PMID: 16466664.

⁴ *Arch Womens Ment Health* 2005; 8(2):77–87. doi:10.1007/s00737-005-0080-1

⁵ Orsolini L, Valchera A, Vecchiotti R, Tomasetti C, Iasevoli F, Fornaro M, De Berardis D, Perna G, Pompili M, Bellantuono C. Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates. *Front Psychiatry.* 2016 Aug 12;7:138. doi: 10.3389/fpsy.2016.00138. PMID: 27570512; PMCID: PMC4981602.

dysfunction.⁶ In extreme situations, it can result in self-harm or infanticide.⁷ While PPD is the most common obstetric complication in the United States, up to 50% of cases go undiagnosed.⁸ Untreated PPD imposes long term costs, not just from health care expenses for postpartum patients, but also from lost workforce productivity and greater use of public sector social services.⁹ Given how common and detrimental PPD is, it is critical for the Commonwealth's health care system to consistently support parents through the postpartum period, which will in turn improve the well-being of families and communities.

The twelve months following childbirth can be a time of unique vulnerability to mental illness and access to screenings during this period provide a critical opportunity to detect postpartum depression. Postpartum care has traditionally included one follow-up appointment 4-6 weeks post-childbirth, but PPD may not be detected or may become more acute beyond two months postpartum. The importance of PPD screening is well understood in public health literature, and as such, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics (AAP), and the U.S. Preventive Services Task Force all encourage screening for perinatal depression.¹⁰ Pediatricians are uniquely positioned to identify and intervene when PPD symptoms appear because medical check-ups regularly occur during the first year of the child's life, with a particular focus on providing support for the maternal-infant dyad. In fact, the AAP recommends that pediatricians routinely screen mothers for PPD at the infant's at 1,2, 4, and 6-month well child visits. Although many pediatricians have integrated PPD screening into their practice, health plans in Massachusetts are not required to provide coverage for this clinically important service, leading to costs being passed along to patients. Ensuring that

⁶ IpS, Chung M, Raman G, et al. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Health Research and Quality; 2007:130–131

⁷ Gildea J, Molenaar NM, Smit AK, Hoogendijk WJG, Rommel AS, Kamperman AM, Bergink V. Mother-to-Infant Bonding in Women with Postpartum Psychosis and Severe Postpartum Depression: A Clinical Cohort Study. *J Clin Med*. 2020 Jul 19;9(7):2291. doi: 10.3390/jcm9072291. PMID: 32707679; PMCID: PMC7408880.

⁸ Halbreich U, Karkun S. Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms. *J Affect Disord*. 2006 Apr;91(2–3):97–111. doi: 10.1016/j.jad.2005.12.051. Epub 2006 Feb 7. PMID: 16466664.

⁹ *New study uncovers the heavy financial toll of untreated maternal mental health conditions*. Mathematica. (n.d.).

https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions?HP_ITN

¹⁰ MGH Center for Women's Mental Health. *Racial disparities in perinatal depression screening addressed in recent study*. MGH Center for Women's Mental Health. <https://womensmentalhealth.org/posts/evidence-suggests-screening-for-perinatal-mental-health-disorders-not-immune-from-racial-and-other-disparities/>

patients can affordably access this evidence-based tool is essential to mitigating the impact of PPD on parent-child interaction and social emotional development. As such, the Medical Society sees the coverage expansion proposed under H.2163/s.1375 as fundamental to the success of advancing maternal and infant health in the Commonwealth.

The Medical Society is committed to combating the rise in maternal morbidity and mortality and the racial disparities therein. Multiple studies have demonstrated higher rates of PPD in those belonging to racial/ethnic minorities, but perinatal mental health symptoms among parents of color are often overlooked and under addressed.¹¹ While these individuals are at greater risk for PPD and their children may have greater vulnerability to the downstream effects of perinatal depression, they are less likely to engage in treatment due to factors such as financial barriers, structural racism, stigma associated with mental health struggles, and a historical mistrust of the health care system.^{12,13} Passage of legislation to expand coverage for PPD screening, as proposed in H.2163/S.1375, will represent an important step in combating disparities in maternal mental health.

Thank you for your consideration of our comments and for your work on this important issue.
The Medical Society respectfully urges a favorable report on H.2163/s.1375, *An Act Relative to Postpartum Depression Screening.*

¹¹ MGH Center for Women's Mental Health. *Health disparities in the use of mental health services among postpartum women*. MGH Center for Women's Mental Health.

<https://womensmentalhealth.org/posts/disparities-ppd-screening/>

¹² Ibid.

¹³ Oemechebe_Drupal. (n.d.-a). *Supporting black women's maternal mental health journey*. AHA News. <https://ifdhe.aha.org/news/news/2022-07-19-supporting-black-womens-maternal-mental-health-journey>