

October 15, 2021

The Honorable Nanette Diaz Barragan
U.S. House of Representatives
2246 Rayburn House Office Building
Washington, DC 20515

The Honorable Lisa Blunt Rochester
U.S. House of Representatives
1725 Longworth House Office Building
Washington, DC 20515

The Honorable Larry Bucshon
U.S. House of Representatives
2313 Rayburn House Office Building
Washington, DC 20515

The Honorable Young Kim
U.S. House of Representatives
1306 Longworth House Office Building
Washington, DC 20515

Dear Representatives Barragan, Rochester, Bucshon, and Kim:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in support of H.R. 4217, the “Taskforce Recommending Improvements for Unaddressed Mental Perinatal & Postpartum Health for New Moms Act of 2021,” or the TRIUMPH for New Moms Act of 2021. This bill would create a Task Force on Maternal Mental Health to identify, evaluate, and make recommendations to coordinate and improve federal responses to maternal mental health conditions, as well as create a national strategic plan for addressing maternal mental health disorders.

Tragically, each year nearly 700 women die during or within a year of the end of their pregnancy due to pregnancy-related or pregnancy-associated complications despite studies that show that more than half of pregnancy-related deaths are preventable. Pregnant and postpartum individuals may experience a broad range of mental health disorders and symptoms, including pregnancy and postpartum depression, general anxiety, obsessive compulsive disorder, psychosis, and birth-related post-traumatic stress disorder.¹

Perinatal mental illnesses contribute to adverse outcomes during pregnancy and postpartum, including pregnancy-related morbidity and mortality.² Mood and anxiety disorders are the most common perinatal mental health conditions, impacting one in five pregnant or postpartum individuals.³ Depression during pregnancy and postpartum if properly treated will most often result in a full recovery.⁴ However, when depression during pregnancy and postpartum is not properly treated, it is associated with poor maternal outcomes which can result in chronic depression and suicide.⁵ Specifically, mental health conditions have been identified as an underlying cause for almost nine percent of pregnancy-related deaths according to

¹ <https://www.2020mom.org/mmh-disorders>.

² JE Moore, MR McLemore, N Glenn, and K Zivin, Policy Opportunities to Improve Prevention, Diagnosis, and Treatment of Perinatal Mental Health Conditions. Health Affairs. October 2021. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00779>.

³ JE Moore, MR McLemore, N Glenn, and K Zivin, Policy Opportunities to Improve Prevention, Diagnosis, and Treatment of Perinatal Mental Health Conditions. Health Affairs. October 2021. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00779>.

⁴ Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. J Clin Psychiatry 2016; 77(9): 1189-1200.

⁵ Lindahl V, Pearson JL, Colpe L. Prevalence of suicidality during pregnancy and the postpartum. Arch Womens Ment Health 2005; 8:77-87.

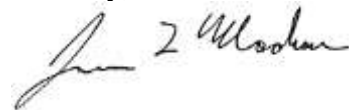
The Honorable Nanette Diaz Barragan
The Honorable Lisa Blunt Rochester
The Honorable Larry Bucshon
The Honorable Young Kim
October 15, 2021
Page 2

the U.S. Centers for Disease Control and Prevention (CDC).⁶ Moreover, Black women, Latina women, and women who have low incomes are more likely to experience symptoms of depression while pregnant and during the postpartum period.⁷ In addition to this human cost, untreated perinatal mental health conditions that occur during pregnancy and the first five years of a child's life have been estimated to carry a societal burden of \$14 billion per year in the U.S., and this is considered to be an underestimate.⁸ As such, it is extremely important to improve outcomes for this vulnerable group.

Perinatal mental illness can impact both pregnant individuals and their children, not only during pregnancy, but potentially for years to follow. One in nine new mothers have postpartum depression.⁹ Women that experience depression while pregnant are much more likely to experience depression after the baby is born and this is associated with serious risks to the mother and infant. Depression can adversely affect the infant's health and is associated with preeclampsia, low birth weight, premature delivery, lower rates of breastfeeding initiation, poorer maternal and infant bonding, increased likelihood of infants showing developmental delays, and long term cognitive and emotional development problems.^{10,11} Similarly, perinatal anxiety in the last trimester of pregnancy has been found to increase risk for preeclampsia, cesarean birth, and neonatal intensive care.¹² Perinatal mental illness can lead to preterm birth and low birthweight in infants, and it can lead to psychological and developmental disturbances in infants, children, and adolescents.¹³ Therefore, a national strategy for maternal health care, as proposed in the TRIUMPH for New Moms Act of 2021, would be an important step to improve the mental health of mothers and to ensure positive long-term health outcomes for both the mother and the child.

Thank you for your leadership on this issue. We look forward to working with you to achieve passage of the TRIUMPH for New Moms Act of 2021 to improve maternal health in this country.

Sincerely,



James L. Madara, MD

⁶ <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html#table3>

⁷ <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Data-Brief-MIHA-2018-01.pdf>.

⁸ JE Moore, MR McLemore, N Glenn, and K Zivin, Policy Opportunities to Improve Prevention, Diagnosis, and Treatment of Perinatal Mental Health Conditions. Health Affairs. October 2021. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00779>.

⁹ <https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>.

¹⁰ https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm?s_cid=mm6919a2_w

¹¹ <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Data-Brief-MIHA-2018-01.pdf>.

¹² JE Moore, MR McLemore, N Glenn, and K Zivin, Policy Opportunities to Improve Prevention, Diagnosis, and Treatment of Perinatal Mental Health Conditions. Health Affairs. October 2021. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00779>.

¹³ JE Moore, MR McLemore, N Glenn, and K Zivin, Policy Opportunities to Improve Prevention, Diagnosis, and Treatment of Perinatal Mental Health Conditions. Health Affairs. October 2021. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00779>.