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Rhode Island KIDS COUNT to release new *Issue Brief: Maternal Depression in Rhode Island: Two Generations at Risk*

The Issue Brief will include information on risk factors for maternal depression, effects of maternal depression on child development, and the importance of screening and treatment. The Issue Brief will also include recommendations on how to best support maternal mental health, healthy transitions into motherhood, and children's healthy development.

Providence, RI (January 17, 2018): Rhode Island KIDS COUNT will release its newest publication, *Maternal Depression in Rhode Island: Two Generations at Risk*, at a policy roundtable on Monday, January 22, 2018 from 1:30 p.m. – 3:00 p.m. at Rhode Island KIDS COUNT, One Union Station, Providence, RI.

Featured speakers will include Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT; Nicole Alexander Scott, MD, Director of the Rhode Island Department of Health; Patrick Tigue, Medicaid Director at the Rhode Island Executive Office of Health and Human Services; Margaret Howard, PhD; Director of the Day Hospital at Women & Infants; and Peter Marino, Chief Executive Officer of Neighborhood Health Plan of Rhode Island. Rhode Island KIDS COUNT Senior Policy Analyst Leanne Barrett will share findings from the *Issue Brief*.

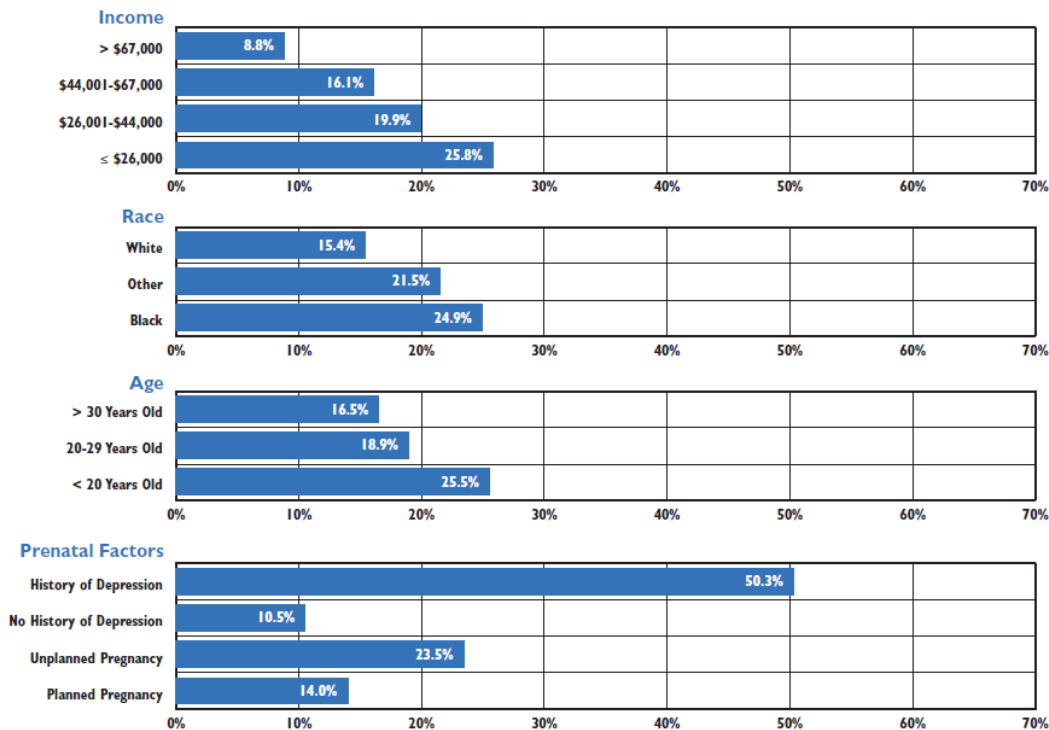
Maternal depression occurs in many families in the U.S. and Rhode Island.

Maternal depression is an overarching term for longer-lasting depression that occurs during pregnancy and/or the first 12 months after the birth or adoption of a new child. Nationally, approximately 10% to 20% of women experience depression during pregnancy or in the first 12 months of becoming a mother.

"Research clearly shows that the negative consequences of maternal depression are both immediate and long-lasting on both mother and child," said Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT. "Nearly one in five Rhode Island mothers struggles with maternal depression. The good news is, with proper screening and access to effective treatment, there are effective ways to connect with mothers to support their mental health, as well as their child's healthy development."

In Rhode Island during 2012-2015, 18.1% of mothers with infants reported that they were diagnosed with depression during and/or after pregnancy, with higher prevalence among mothers in lower-income families, racial minorities, mothers under age 20, and mothers without a high school diploma. Unplanned pregnancies and a history of depression are two of the highest risk factors for maternal depression.

Risk Factors for Maternal Depression, Rhode Island, 2012-2015



Source: Rhode Island Department of Health, PRAMS, 2012-2015. Note: data available on maternal depression among Hispanic mothers (19.0%) show no statistical difference from non-Hispanic mothers (17.7%).

Maternal depression hurts mother, baby, and the whole family.

When untreated, maternal depression negatively impacts child development and the overall well-being of the mother and the child/family:

- Depression interferes with a person’s ability to develop and sustain healthy relationships and to have positive interactions with others. Healthy brain development in infancy requires a “serve and return” pattern of interactions with parents and other caregivers noticing and responding to the baby’s needs and signals. Maternal depression can interfere with a mother’s capacity to support healthy child development from the start, beginning with this “serve and return” pattern of interaction.
 - Babies who do not experience positive, consistent interactions with their parents and other caregivers can experience “toxic stress” that interferes with brain development.
 - A negative reinforcing cycle can develop where parenting practices associated with maternal depression cause child behavior problems which then lead to increased maternal anxiety and depression.
- Maternal depression is associated with delayed cognitive, language, and social-emotional development, and behavior problems in children.
- Depression severely impacts a person’s quality of life, creating economic and social disadvantages, interfering with relationships, and leading to social isolation.

- Depression is associated with chronic disease risk factors such as obesity, smoking, and substance abuse, and contributes to several medical and psychiatric disorders.

Screening for - and treating - maternal depression is crucial.

Maternal depression often goes undetected, undiagnosed, and untreated. Screening is the first step in identifying women who may suffer from maternal depression. Brief, accurate, and evidence-based questionnaires are available and can be used in a variety of settings with pregnant and parenting women.

Women who screen positive for maternal depression should receive follow-up evaluation, diagnosis, and treatment. Treatment options include psychotherapy, medication, mother-infant therapy (dyadic treatment), and/or peer support.

Enforcing mental health parity provisions within both public and private health plans, ensuring coverage for maternal depression, and developing adequate systems to support screenings, diagnosis, and treatment are all essential for improved access to care.

In 2016, the federal Centers for Medicare and Medicaid Services issued an informational bulletin on maternal depression, screening, and treatment. The bulletin clarified that state Medicaid agencies are authorized to cover maternal depression screening as part of a well-child visit under the Early Periodic Screening Diagnosis and Treatment (EPSDT) provision. The *Issue Brief* recommends that EOHHS update the EPSDT schedule to include maternal depression screening.

Launched in 2000, the Day Hospital at Women & Infants was the nation's first partial hospital program treating pregnant women and new mothers with depression in a warm, nurturing setting where babies can remain with their mothers. The concept of keeping mothers and babies together during treatment in a hospital-based program has received national recognition. Treatment includes group, individual, and family therapy, support to promote bonding and attachment between mother and baby, lactation consultation, and medication assessment.

Recommendations

The *Issue Brief* provides key recommendations to support maternal mental health and children's healthy development. Please see page 7 for the full set of recommendations.

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Rhode Island KIDS COUNT is a statewide children's policy organization that works to improve the health, economic well-being, safety, education and development of Rhode Island children.