

Access to Reproductive Healthcare and Maternal Mental Health

Hosted by 2020 Mom



December 13, 2022

2020Mom.org

Meet Joy



Joy Burkhard, MBA

Founder and Executive Director

2020 Mom



Visionaries for the Future of Maternal Mental Health

Who is 20/20 Mom?

Mission: To close gaps in Maternal Mental Health Care.



Visionaries for the Future
of Maternal Mental Health



We believe if families, employers and society are paying for health care benefits, the health care system should detect and treat MMH disorders.



Visionaries for the Future of Maternal Mental Health

Brief #4: Access to Reproductive HealthCare and Maternal Mental Health



ISSUE BRIEF

Access to Reproductive HealthCare and Maternal Mental Health

Introduction

Maternal Mental Health Disorders (MMHDs) are the most common pregnancy complications and impact, on average, up to one in five expecting and postpartum mothers in the US.¹

Though postpartum depression is the most commonly known MMHD, there are a range of disorders, including anxiety, OCD, and psychosis.² The onset of these disorders occurs before pregnancy, during pregnancy, and in the postpartum period.³ These disorders disproportionately affect mothers of color. For example, Black women are at a greater risk of

experiencing postpartum depression and are less likely to receive care, compared to white women.⁴ Black women also experience greater barriers to accessing mental health care, due to social inequality and structural racism.⁵ Because of the high prevalence of MMHDs and their life-long impact on women, children, families, and society, it is vital to understand contributing factors to reduce the incidence effectively. This includes the role of family planning and affordable access to reproductive health care.



According to the World Health Organization (WHO), reproductive health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes."⁶ WHO expands this definition stating that reproductive health requires the capability to reproduce and the freedoms to decide whether to reproduce, when to, and how often.⁷

This brief outlines the available research regarding the relationships between the ability to decide when and how often to have children and maternal mental health. Key definitions, the latest research, emerging reproductive health measures, and policy considerations surrounding family planning, family planning counseling, birth control, and abortion are presented.



What We Will Cover

- A general overview of reproductive healthcare
- Research on maternal distress
- The relationships between maternal mental health and access to birth control, family planning counseling, and abortion
- The Biden-Harris Administration's position on access to reproductive healthcare
- The key levers for change to increase access to reproductive healthcare to reduce the impact of MMHDs



Meet Our Panelists



Sarah Johaneck, MPH

Policy Project Manager

2020 Mom



**Brittain Mahaffey, PhD,
DBT-LBC, PMH-C**

Assistant Professor of Psychiatry &
Behavioral Health, Renaissance School
of Medicine, Stony Brook University



Visionaries for the Future of Maternal Mental Health

Meet Our Panelists



Helen L. Coons, PhD, ABPP

Leadership Institute for Women in Psychology (LIWP) Executive Committee Chair at the American Psychological Association



Nikita Malcolm, MPH

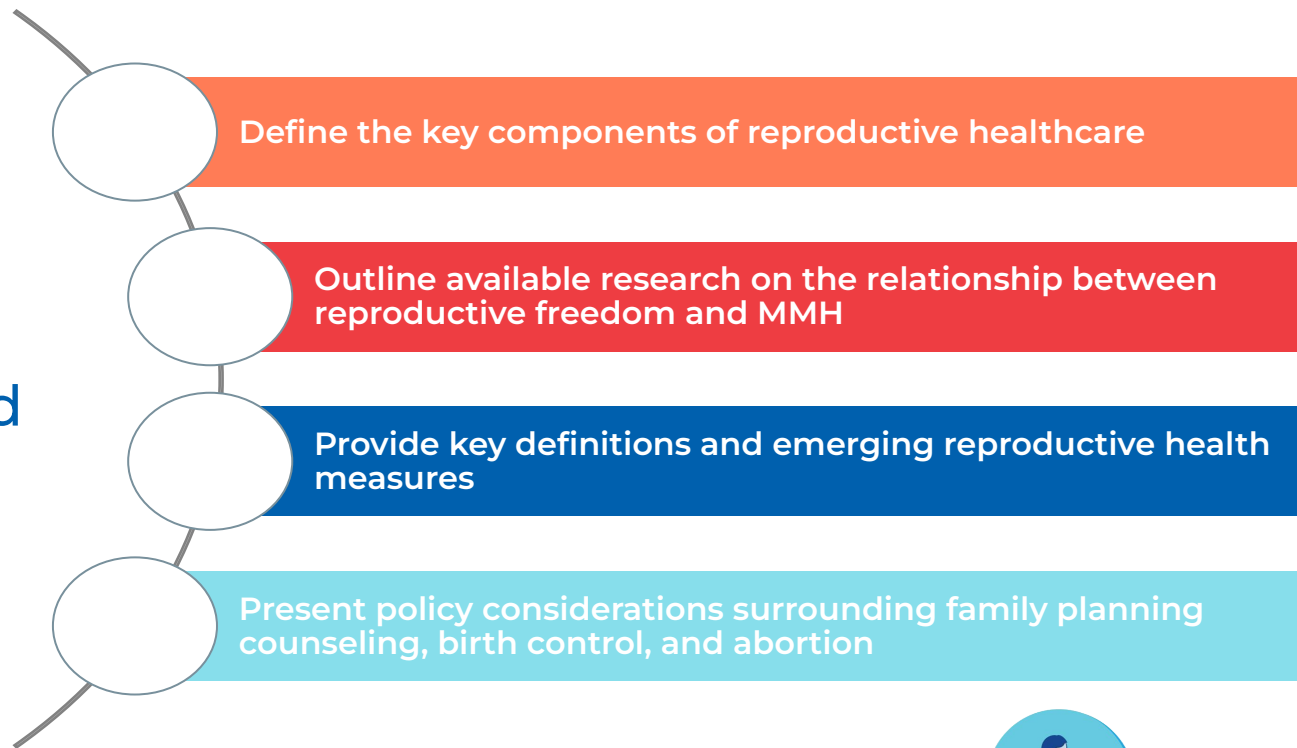
Research Manager, Coalition to Expand Contraceptive Access (CECA)



Visionaries for the Future of Maternal Mental Health

Issue Brief Overview

Access to Reproductive Healthcare and MMH



Issue Brief: Family Planning

Family Planning Counseling Definition

- “An interactive process between the skilled attendant/health worker and a woman and her family during which information is exchanged, and support is provided so that the woman and her family can make decisions, design a plan, and take action to improve their health.”- National Institute of Health (NIH)

Goals of Family Planning

- Support people in assessing their readiness for children
- Help women understand the optimal age to become a mother
- Address spacing between births



Issue Brief: Family Planning and MMH

Unintended Pregnancy and Mental Health

- The United States has a higher rate of unintended pregnancies than most other developed countries, with 49% of pregnancies being unplanned
- Research suggests that unintended pregnancies may create a mental and physical burden which can lead to poor health outcomes for the mother and baby

New Measures of Reproductive Health

- Pregnancy acceptability, unmet need for contraception, sexual and reproductive well-being, and patient-reported experiences with contraceptive counseling



Issue Brief: Contraception and MMH

Types of Contraception

- Permanent Methods
- Long-Acting Reversible Contraceptives
- Short-Acting Hormonal Methods
- Barrier Methods

Contraception and MMH

- Hormonal birth control may impact mental health
- Hormonal birth control used to reduce menstrual pain



Issue Brief: Abortion and MMH

Abortion Facts

- In the U.S. in 2020, one in five pregnancies ended in abortion
- 95% of abortions in the U.S. occur due to unintended pregnancies
- 60% of people seeking abortions in the U.S. are already mothers

Mental Health Post Abortion: Contradicting Research

- Turnaway Study

Mental Health and Lack of Access to Abortion

- The American Psychological Association reports people who are denied abortions are at greater risk of high levels of anxiety, lower life satisfaction, and lower self-esteem in comparison with those who have access to legal abortions



Research on Access to OB Care & Mental Health



Brittain Mahaffey, PhD, DBT-LBC, PMH-C

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Visionaries for the Future of Maternal Mental Health

Maternal Mental Health during the COVID-19 Pandemic: From Conception to the Postpartum

Brittain Mahaffey PhD



Disclosures

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Overview

- Changes in Access to Care
- COVID & Fertility Intentions
- Antenatal Care & Mental Health during COVID
- Birth Satisfaction
- Lessons Learned

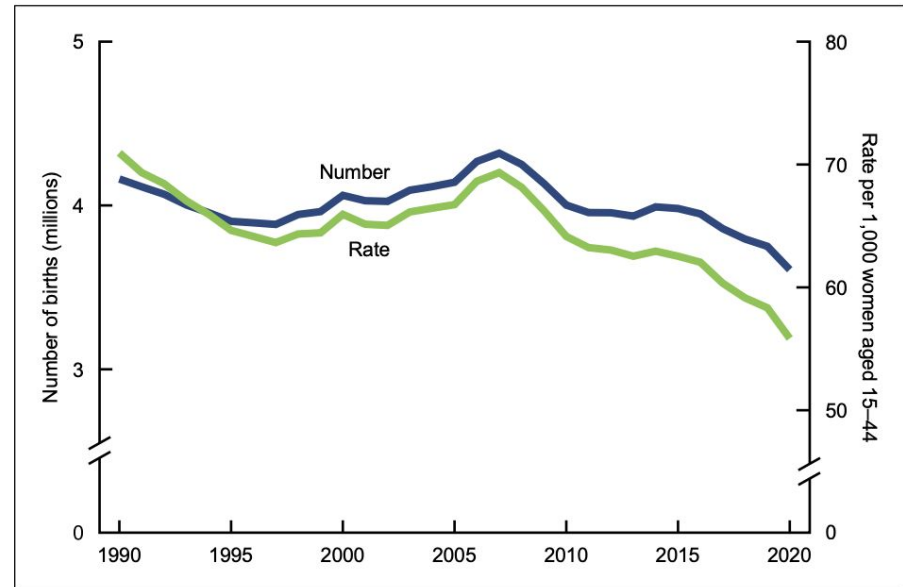
Access to Reproductive Healthcare during COVID

- Women more likely to have lost their jobs, women of color disproportionately affected → Loss of medical coverage
- Cancellation of “nonessential” visits
- Shifts to telemedicine
- Delayed fertility treatment
- Cancellations or changes to prenatal visits
- Partners/supports excluded from prenatal visits, labor & delivery

Fertility Intentions during COVID

- More women reporting desire to delay pregnancy/have fewer children.
 - 34% due to COVID
- May reflect anxiety related to global conditions, personal, finances or living conditions.
- Also correlated with SDoH including Black & Hispanic racial identification, queer sexual orientation, and lower household income.

Figure 1. Number of live births and general fertility rates: United States, final 1990–2019 and provisional 2020



SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality.

Fertility Treatment & Mental Health during COVID

- Women seeking fertility care during COVID report high anxiety.
 - Risk factors: single marital state, previous ART failure, prior diagnoses of anxiety or depression, and length of time trying to conceive.
 - Concerns worry about clinic closure, concerns about pregnancy and COVID-19 infection, and advancing age.



It's not just PPD, Antenatal Mental Health Matters

Depression, anxiety, or stress—14 to 23% of pregnant women > DM or preeclampsia

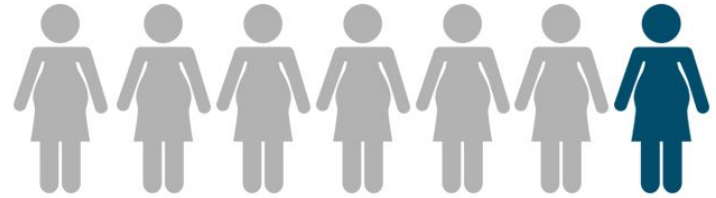
Prevalence higher in middle and low income countries.

Stress & anxiety more common than depression

Linked to adverse birth outcomes and best predictor of PPD

PMADS often begin during pregnancy, it's not all hormone related

Maternal mental health = leading cause of perinatal mortality



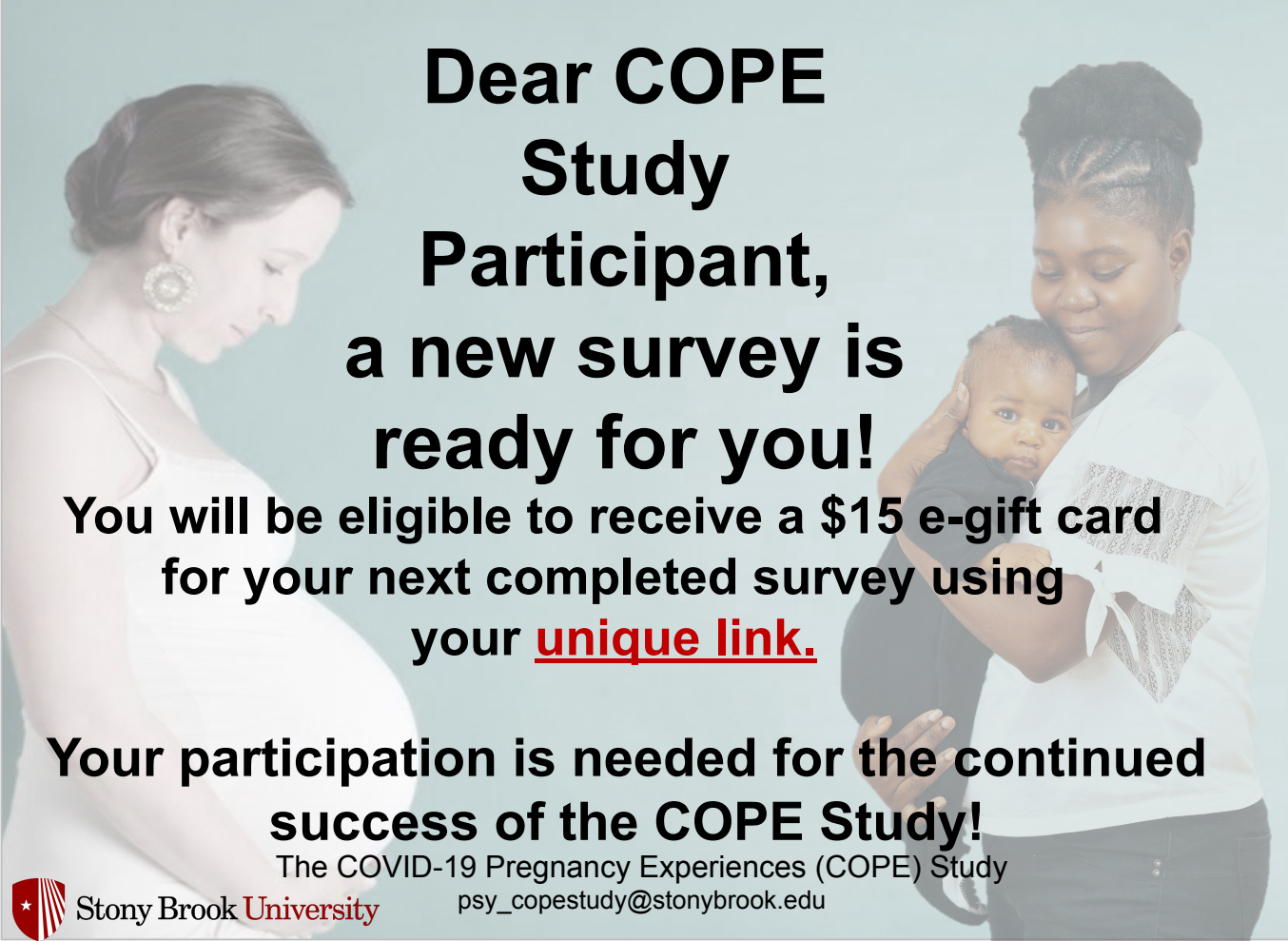
Perinatal depression affects as many as **one in seven women.**

ACOG recommends all pregnant women be screened at least once during the perinatal period.



Pregnancy during the Pandemic

- Natural disasters / states of emergency during pregnancy linked to distress.
- Elevated distress is linked to adverse maternal and infant outcomes:
 - preterm birth , low birth weight, maternal mood disorders, and infant developmental delays.
- Pre-pandemic risk factors:
 - primiparity, younger age, history of abuse, history of mental health problems, unplanned pregnancy , financial strain, being a woman of color, and pregnancy complications.
- Will these factors replicate during the pandemic? What's unique here?



**Dear COPE
Study
Participant,
a new survey is
ready for you!**

**You will be eligible to receive a \$15 e-gift card
for your next completed survey using
your [unique link](#).**

**Your participation is needed for the continued
success of the COPE Study!**

The COVID-19 Pregnancy Experiences (COPE) Study

psy_copestudy@stonybrook.edu



Stony Brook **University**

Pandemic- Specific Risk Factors

Preparedness Stress

- Social isolation
- Limited access to healthcare
- Changes in regular medical care
- Increased exposure to DV
- Uncertainty
- Changes in birth plans

infection Stress

- Unknowns about risk
- Possible infection of self
- Possible infection of baby
- Unknowns vertical infection risk
- Risk for birth complications/birth defects

Pandemic-Related Pregnancy Stress Scale

Preparedness Stress = feeling unprepared for birth or postpartum due to the pandemic. 7 items.

- *“I am worried that the pandemic could ruin my birth plans.”*

Perinatal Infection Stress = concerns related to infection to oneself or the fetus/baby. 5 items.

- *“I am worried that my baby could get COVID-19 at the hospital after birth.”*

Results: Preparedness Stress

- High Preparedness Stress ~ 30%
- Risk: previous abuse, primiparity, unplanned pregnancy, self-reported high-risk pregnancy status, multiple pregnancy, chronic illness, **COVID-19 related income loss, perceiving that one had been infected, and experiencing alterations of prenatal care** (AORs = 1.19–1.78).
- Resilience: Older age, healthy behaviors, and **access to outdoor space** were each independently protective against high levels of this type of stress (AORs = 0.63–0.94).

Results: Infection Stress

- High Perinatal Infection Stress ~ 30%
- Risk: being a woman of color, lack of a marital or cohabiting relationship, previous abuse, **previous pregnancy loss, high-risk pregnancy status, chronic illness, COVID-19 related income loss, perceiving that one had been infected, and experiencing alterations to prenatal care** (AORs = 1.19–1.53).
- Resilience: older age and access to outdoor space were protective against Perinatal Infection Stress (AORs = 0.67–0.98).

Predicting Mental Health Symptoms

- Over 40% reporting moderate-severe anxiety symptoms
- 7.12% reporting clinically significant OCD symptoms
- High rates of depression correlated with pandemic stress
- Pandemic stress predicted OCD symptoms even after accounting for pregnancy-specific stress.
- Abuse history, high-risk pregnancy, preparedness stress, and infection stress = higher risk
- Older maternal age and better prenatal health behaviors = protective



Birth Satisfaction & Mental Health

- Lower birth satisfaction during the pandemic
- Associated with higher rates of acute stress & postpartum posttraumatic stress
- Lower birth satisfaction related to:
 - Feeling unprepared for birth
 - **Medicalized birth-incongruence with birth preferences**
 - Absence of support persons
 - **Changes in delivery method and location**

Perinatal Stress & Mental Health: Lessons Learned

COVID magnified the vulnerabilities

Consistent access to reproductive healthcare is essential

Health behaviors matter-outdoor access

Social support matters-including from healthcare providers

Particularly important to screen for mental health in populations with SDoH risk factors



Childhood experiences



Housing



Education



Social support



Family income



Employment




Our communities



Access to health services



Thank you!

- 
- National Institute of Child Health and Human Development (NICHD)
 - Marci Lobel PhD
 - Heidi Preis PhD
 - Lucero Molina
 - Jennifer Somers PhD
 - Amanda Levinson PhD

Abortion and Mental Health



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Visionaries for the Future of Maternal Mental Health

REPRODUCTIVE HEALTH AND MENTAL HEALTH

Helen L. Coons, PhD, ABPP
American Psychological
Association



AMERICAN PSYCHOLOGICAL ASSOCIATION

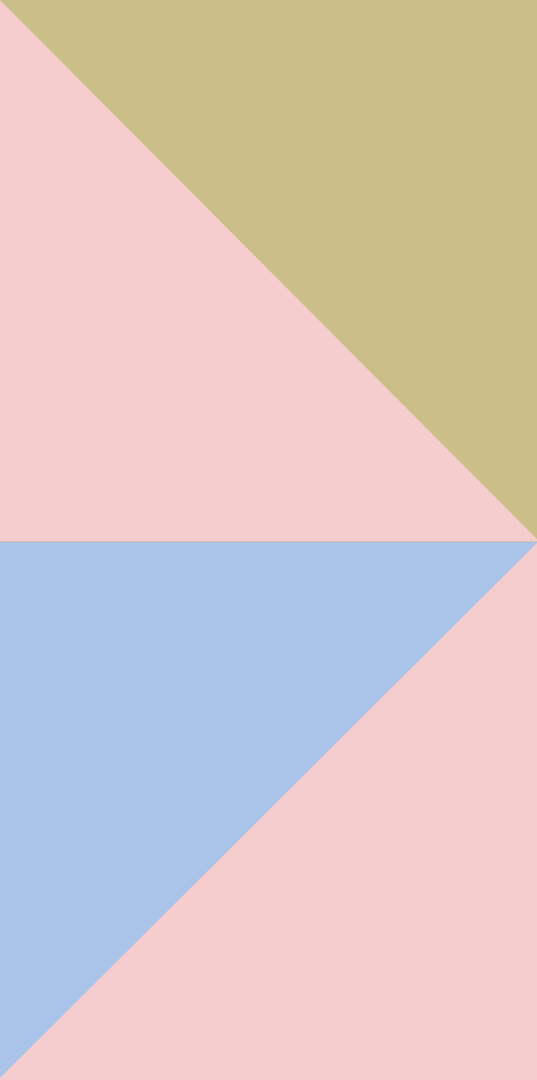
The American Psychological Association (APA) has long been a strong and consistent voice for equal access to reproductive health services. The association has passed [four policies or resolutions since 1969](#) affirming a woman's right to choose and negating assertions regarding the alleged adverse psychological effects of abortion.

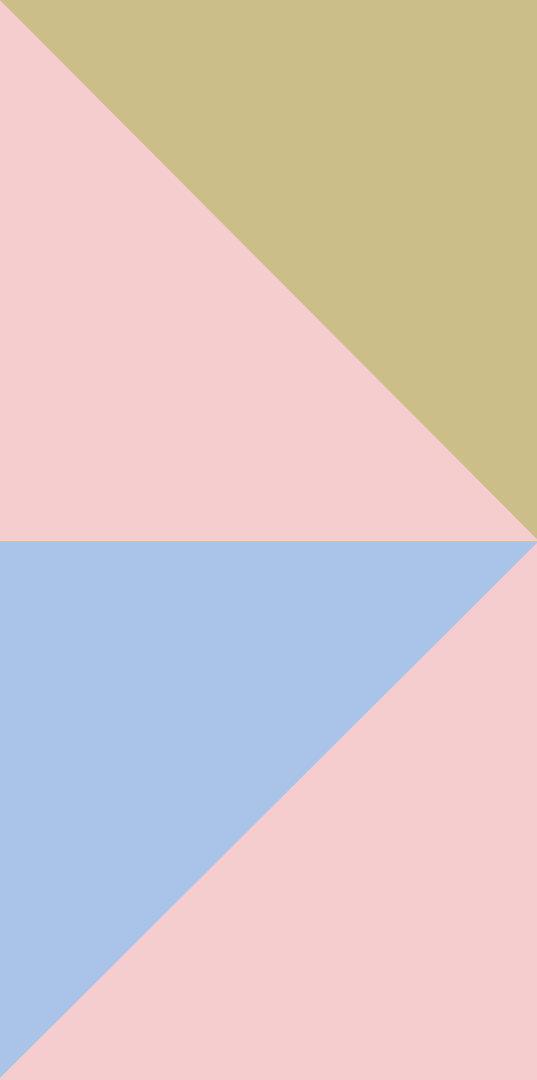
- In February 2022, APA adopted the *APA Resolution Affirming and Building on APA's History of Support for Reproductive Rights*: <https://www.apa.org/about/policy/resolution-reproductive-rights.pdf>

- APA has also filed 11 amicus curiae briefs in cases involving abortion. <https://www.apa.org/about/offices/ogc/amicus/index-issues>



WHAT THE RESEARCH SAYS

- 
- Women who are denied an abortion are more likely to initially experience higher levels of anxiety, lower life satisfaction, and lower self-esteem compared with women who received an abortion.
 - Unwanted pregnancy has been associated with deficits to the subsequent child's cognitive, emotional, and social processes.
 - Experiencing unwanted pregnancies appears to be strongly associated with poor mental health effects for women later in life.

- 
- The number of unsafe abortions is likely to increase when policies limit access to reproductive health care.
 - Laws restricting access to safe, legal abortion are harmful to low-income women, women of color, and sexual and gender minorities, as well as those who live in rural or medically underserved areas.
 - A woman's ability to control when and if she has a child is frequently linked to her socioeconomic standing and earning power.



- There is a strong relationship between unwanted pregnancy and interpersonal violence.
- A woman's ability to control when and if she has a child is frequently linked to her socioeconomic standing and earning power.

APA Legislative Activity: Reproductive Health

- APA advocated in support of [HR 8296](#), Women's Health Protection Act of 2022 sponsored by Rep. Judy Chu and [HR 8297](#), Ensuring Women's Right to Reproductive Freedom Act introduced by Rep. Representative Lizzie Fletcher.
- HR 8296 prohibits governmental restrictions on the provision of, and access to, abortion services.
- HR 8297 prohibits anyone acting under state law from interfering with a person's ability to access out-of-state abortion services.
- Both bills passed the House on 07/15/2022. We do not expect legislative action on these bills in the Senate.
- APA Advocacy has created a resource page on getting involved in reproductive health advocacy efforts especially on the state level: <https://www.apaservices.org/advocacy/news/reproductive-health-effort>



Resources and References

APA on abortion: <https://www.apa.org/topics/abortion>

The Harms of Denying a Woman a Wanted Abortion: Finding from The Turnaway Study. University of California San Francisco. 2020.

https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf

2008 APA Task Force Report on Mental Health and Abortion

<https://www.apa.org/pi/women/programs/abortion/mental-health.pdf>

APA webinar on the State of Reproductive Health: Mental Health, Inequity and Access (June 2022) <https://www.youtube.com/watch?v=ibMG4rUb3ZI>

APA Podcast *Speaking of Psychology*: Abortion and mental health, with Antonia Biggs, PhD. Dr. Biggs led the mental health analysis for the Turnaway Study.



THANK YOU

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Recommendations for Achieving Universal, Equitable Access to Quality Contraception



Nikita Malcolm, MPH

Research Manager, Coalition to
Expand Contraceptive Access (CECA)



Visionaries for the Future of Maternal Mental Health

Access to Reproductive Healthcare and Maternal Mental Health Webinar

December 13, 2022



Why is this work important?

- Sexual and reproductive health (SRH) is a key component of people's autonomy, overall health, economic wellbeing, and quality of life
- A variety of policies, programs, and services support individuals' and communities' attainment of optimal SRH
- Despite advances in technology and access, people face barriers to optimal SRH that are exacerbated by bias and discrimination in healthcare and policy
- Outcomes in the U.S. continue to lag other nations and are marked by persistent and pervasive inequities

How has reproductive coercion been used as a tool for gender and racial oppression?

Pre-20th Century	<ul style="list-style-type: none">• Sexual violence against Indigenous people during colonization• Forced breeding of enslaved African people
20th Century	<ul style="list-style-type: none">• Testing of the oral contraceptive pill on Puerto Rican women without appropriate informed consent• State-sanctioned mass eugenic sterilization of people with physical and intellectual disabilities
21st Century	<ul style="list-style-type: none">• Coercive sterilization practices in correctional settings• Coerced use of long-acting reversible contraceptive
Examples of Federal Government's Role	<ul style="list-style-type: none">• Coerced or forced sterilization of Indigenous women through the Indian Health Service• Coerced or forced sterilization of women living in poverty through 1960s War on Poverty initiatives

How do different conceptual models collectively contribute to ending reproductive oppression?

Reproductive Health

Service delivery-focused model to improve and expand healthcare services, research, and access

Reproductive Rights

Legal and advocacy-based model to protect legal access to reproductive health services

Reproductive Justice

Model based on movement building and organizing to change structural power inequities

Source: Forward Together (then Asian Communities for Reproductive Justice or ACRJ), *A New Vision for Advancing Our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice* (2005)

What is the Coalition to Expand Contraceptive Access (CECA)?

CECA is a group of stakeholders committed to ensuring access to contraception as a part of the broader vision of achieving sexual and reproductive health equity (SRHE) for the U.S. and sexual and reproductive health and wellbeing (SRHW) for all individuals.



Why focus on Sexual and Reproductive Health Equity?

Sexual and reproductive health equity (SRHE) means that systems ensure that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health.

This includes self-determining and achieving their reproductive goals. Government policy, health care systems, and other structures must value and support everyone fairly and justly.



AMERICAN JOURNAL of PUBLIC HEALTH
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**RESHAPING
 CONTRACEPTIVE
 ACCESS EFFORTS
 BY CENTERING
 EQUITY,
 JUSTICE, AND
 AUTONOMY**

Source: Hart, Crear-Perry, Stern; *Reshaping Contraceptive Access Efforts By Centering Equity, Justice, and Autonomy*, American Journal of Public Health Supplement 5 2022.

Why focus on Sexual and Reproductive Health and Wellbeing?

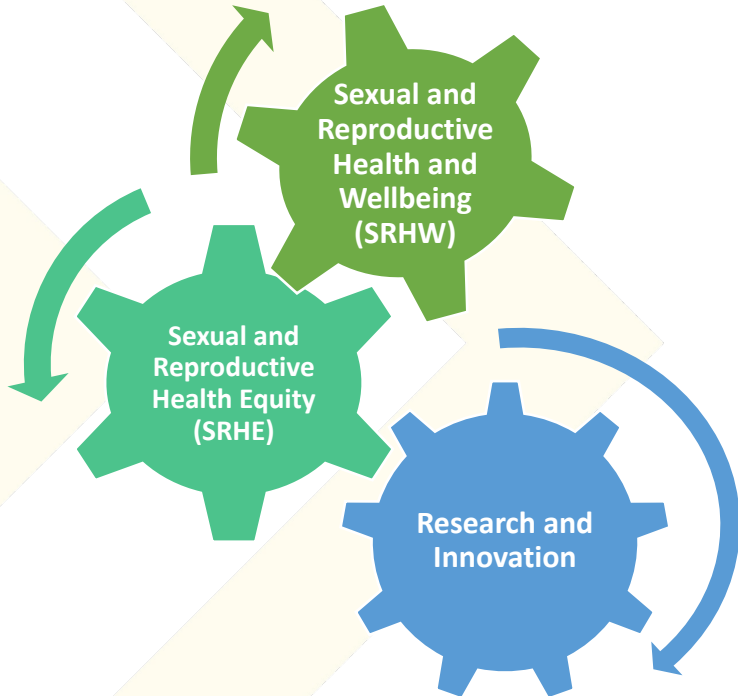
- **Sexual and Reproductive Health and Wellbeing (SRHW)** is a self-defined state that includes reaching one's individual sexual and reproductive goals. An SRHW approach that we:
 - Frame aspects of policy and health care broadly, including a wide range of health services and social supports to de-silo clinical care, public health programming, and policy to reflect how people live and envision their health and well-being.
 - Include relevant policies, programs, and services that help people achieve SRHW, including contraception, abortion, maternal and child health, fertility, childcare, paid leave, housing, etc.

Define wellbeing holistically and not by the absence of disease and distress, but by the presence of sexual and reproductive fulfillment, pleasure, healing, and joy

Source: Hart, Crear-Perry, Stern; *Reshaping Contraceptive Access Efforts By Centering Equity, Justice, and Autonomy*, American Journal of Public Health Supplement 5 2022.

How does CECA advance SRHW and SRHE?

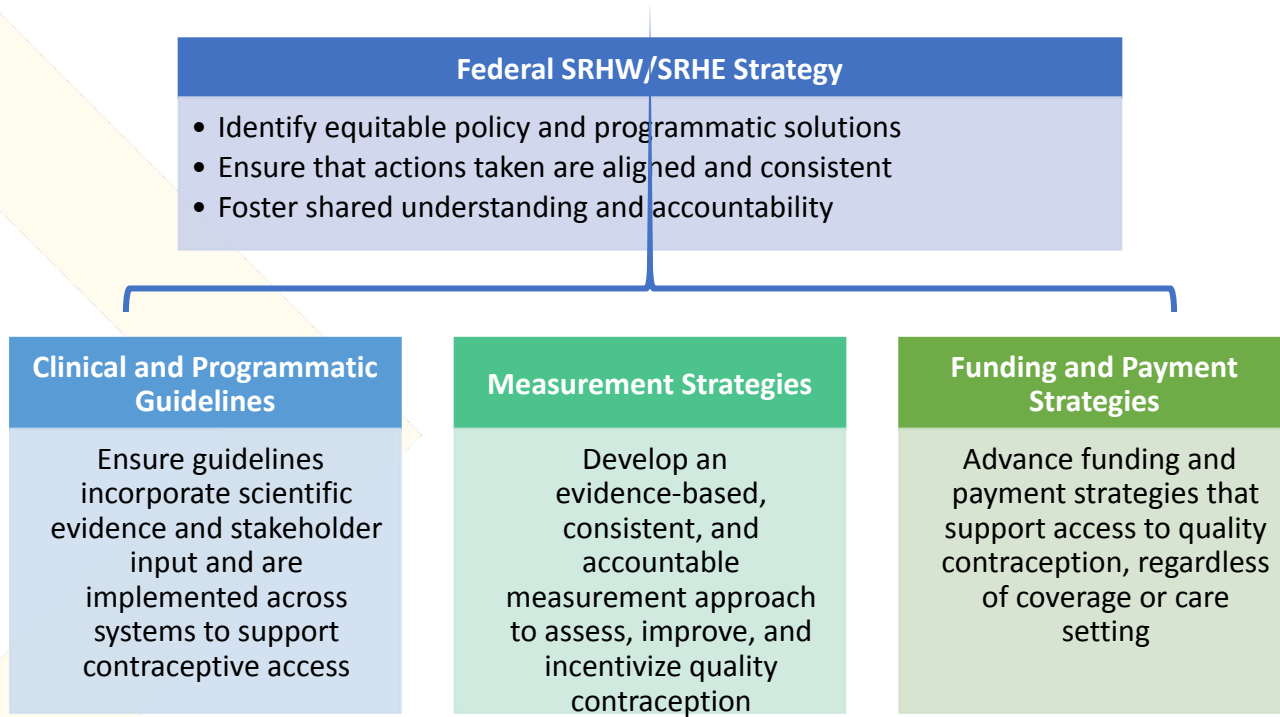
Guiding Principles



Recommendations

- Federal SRHW/SRHE Strategy
- Research Roadmap
- Contraceptive Care Workforce
- Post-Roe Strategy

Leveraging Federal Processes to Expand Contraceptive Access



Developing a Priority Roadmap for Policy-Ready Contraceptive Research

The Research Roadmap identifies the research needed to advance contraceptive policy that promotes universal, equitable access to high-quality contraception for all.

Equity-Informed Research Principles for Contraceptive Research

Overarching Themes and Methodological Considerations

- Consistent and person-centered definition of access.
- Data collection and analysis that advances a rigorous, timely, and detailed understanding of contraceptive access, people's experiences of their healthcare, and health outcomes.
- Understanding of the long-term impact of interventions.

Developing a Framework
for Holistic, Equitable,
Contraceptive Access

Strengthening the
Healthcare Infrastructure
to Expand Contraceptive
Access

Supporting Technology and
Innovation in Contraceptive
Service Delivery

Expanding the Capacity of the Contraceptive Care Workforce

By identifying evidence-based, actionable solutions to increase and expand the contraceptive care workforce, this collaborative project will help move the field beyond piecemeal, temporary solutions to a more strategic, coordinated approach.

Examine and Diversify
the Composition of the
Workforce

Enhance Contraceptive
Training and Education
Within and Beyond the
Workforce

Expand the Role of
Health Professionals in
the Workforce

Address the Context in
which the Workforce
Provides Care

Coordinating a Strategy to Combat Attacks on Contraceptive Access and Equity

CECA is bringing together evidence and diverse stakeholders to understand the potential impact of shifts in abortion access and privacy rights and state attacks on contraception to shape a responsive, proactive strategy.

New or Worsening Threats to Contraceptive Access	Strategies Underway to Preserve Contraceptive Access	Supports Needed to Preserve Contraceptive Access
<ul style="list-style-type: none"> • A convergence of legal, political, and cultural attacks • Fear, confusion, misinformation, and stigma among health systems, providers, and patients • Potential shifts in contraceptive demand, supply, and provision • Threats to contraceptive equity 	<p>Federal, state, organizational efforts to:</p> <ul style="list-style-type: none"> • Expand access • Strengthen workforce capacity • Increase awareness • Ensure compliance with mandates • Build protections and introduce and enact proactive policies to ensure access • Shift cultural narratives around contraception and abortion 	<ul style="list-style-type: none"> • Stricter application of federal-level regulations • Clear informational resources for policymakers, providers, and the public • Opportunities and mechanisms for information sharing • Burnout prevention • Legal and insurance experts • Data support • Additional funding

Note: This summary represents preliminary findings from a CECA environmental scan

How do we collectively move forward?

Continue to fight for SRHW services and supports so all people have the rights, respect, and resources to thrive

Support and expand Congress' SRHW- and SRHE-related legislation

Ensure robust funding for SRHW and SRHE care and research

Engage with the administration, federal agencies, and national organizations addressing SRHW and SRHE



Thank You

Check out our website: www.contraceptionaccess.org

Email us: CECA@contraceptionaccess.org

Issue Brief: Biden-Harris Administration's Position on Protecting Reproductive Healthcare Access

Executive Order:

- Safeguard access to reproductive health care
- Protect the privacy of patients and access to accurate information
- Promote the safety and security of patients, providers, and clinics
- Coordinate the implementation of federal efforts to protect reproductive rights

Additional Actions:

- \$3 million in new funding for training and TA for reproductive health care providers
- \$6 million for grant funding for family planning grants
- Guidance to pharmacies prohibiting the denial of contraception and medication abortion



Issue Brief: The Importance of Healthcare Coverage

The Affordable Care Act (ACA)

- Allows states to expand Medicaid coverage to nearly all adults with incomes up to 138% of the Federal Poverty Level

The American Rescue Plan Act of 2021

- Allows states to extend Medicaid postpartum coverage to 12 months instead of limiting coverage to the federally mandated minimum of 60 days postpartum
- Medicaid covers 40% of births in the U.S.

Case Study

- The impact of the Families First Coronavirus Response Act (FFCRA) in Texas: Mothers and other birthing people used 10 times as many contraceptive services, there were 37% fewer services utilized for subsequent pregnancies within the first year postpartum, and mental health and substance use disorder services were utilized three times more than before FFCRA



Issue Brief: 2020 Mom's Call to Action

States:

- Remaining States Should Expand Medicaid Under the ACA
- Remaining States Should Extend Medicaid Coverage to 12 months postpartum
- States Should Apply for Family Planning Benefit Waivers
- States Should Provide Medicaid Coverage of Community-Based Health Workers

Health Insurers:

- Group Health Plans, Insurers, and Regulators Should Ensure Compliance with the ACA



Issue Brief: 2020 Mom's Call to Action Cont.

Congress:

- The Senate Should Pass the Right to Contraception Act
- Congress Should Pass the Expanding Access to Family Planning Act
- Congress Should Establish Permanent, Nationwide 12-month Postpartum Medicaid Coverage in a Year-End Legislative Package

Food and Drug Administration:

- The FDA Should Approve Over-the-Counter Oral Contraception
- FDA Reviewed/Approved Over-the-Counter Contraception Should be Covered by Payers

Accreditation Bodies and Health Delivery Systems:

- The Person-Centered Contraceptive Counseling (PCCC) Measure Should be Adopted

Individuals: Action Alert for Congress

<https://secure.everyaction.com/jFT9fasNwkCMI5bsDhRJxA2>



Action Alert & Fireside Chat



Visionaries for the Future of Maternal Mental Health

Thank you! Learn More



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