

Congress of the United States
Washington, DC 20515

December 11th, 2019

The Honorable Nancy Pelosi
Speaker of the House
United States Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States Capitol
Washington, DC 20515

The Honorable Nita Lowey
Chairwoman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi, Leader McCarthy, Chairwoman Lowey, Ranking Member Granger, and Conferees:

As you work to conference the differences between the Labor, Health and Human Services, Education, Defense, State, Foreign Operations, and Energy and Water Development Appropriations Act, 2020 (H.R. 2740), we urge you to prioritize FY20 House-passed Committee Report language to conduct an interagency report at the U.S. Department of Health and Human Services on the role each agency plays in addressing gaps in maternal mental health for new and expectant mothers. Despite this language being supported by 60+ maternal and mental health organizations, it was not included within the Senate LHHS counterpart.

The House-passed Committee Report language is as follows: “The Committee is concerned that up to 20 percent of new or expectant mothers will experience a maternal mental health disorder during pregnancy or within the first year after childbirth – such as depression, anxiety, or postpartum psychosis. Untreated maternal mental health disorders negatively impact the short and long-term health of affected mothers and their children, with symptoms leading to adverse birth outcomes, impaired maternal-infant bonding, poor infant growth, childhood emotional and behavioral problems, and significant medical and economic cost. The Committee directs the Secretary to submit a report, in consultation with HRSA, SAMHSA, CDC, CMS, Office of the Surgeon General, Office on Women’s Health, and Office of Minority Health to the Committees on Appropriations within 180 days of enactment of this Act on the role that each agency can take to address gaps in maternal mental health public awareness, screening diagnosis, and delivery for pregnant and postpartum women.”

Maternal mental health disorders are the most common complication of pregnancy in the United States, surpassing gestational diabetes and preeclampsia combined, and suicide is one of the leading causes of death for women in the first year after giving birth.¹ Twenty percent of childbearing women will experience an MMH disorder during pregnancy or the first year following childbirth.² When factoring in the social determinants of health, that number can grow as high as 50 percent of new or expectant mothers among those living in poverty.³

¹ Committee on Obstetric Practice. Screening for perinatal depression: committee opinion no. 630. Washington, DC: American Congress of Obstetrics and Gynecology; 2015:1-4. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co630.pdf?dmc=1&ts=20161227T1417252146>. Accessed January 24, 2017


² 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;106(5 Pt 1):1071-83. doi:10.1097/01.AOG.0000183597.31630.db.

³ Dolbier CL, Rush TE, Sahadeo LS, Shaffer ML, Thorp J, Investigators CCHN. Relationships of race and socioeconomic status to postpartum depressive symptoms in rural African American and non-Hispanic white women. *Matern Child Health J.* 2013;17(7):1277-87. doi:10.1007/s10995-012-1123-7.


While these disorders have high prevalence rates among new and expectant mothers, half of mothers with a diagnosis of depression do not receive the treatment they need.ⁱ Untreated MMH disorders cost the U.S. an estimated \$14.2 billion in societal costs for all births in 2017, an average of nearly \$32,000 per mother with an MMH disorder and her child over a six-year time frame.ⁱⁱ These societal costs are borne out through maternal productivity loss, greater use of public sector services, including welfare and Medicaid costs, and higher health care costs attributable to worse maternal and child health outcomes.ⁱⁱⁱ


The federal government must play a greater role in addressing MMH issues in order to address this crisis amongst our mothers and their children, and this report will act as a step towards an addressing this public health issue.


Sincerely,



Yvette D. Clarke
Member of Congress



G. K. Butterfield
Member of Congress

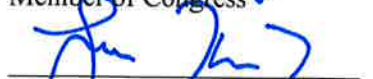

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Member of Congress

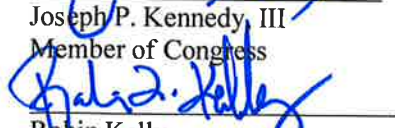

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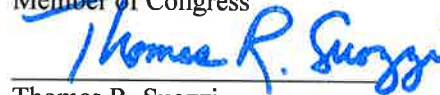

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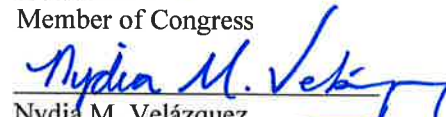

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⁴ Luca DL, Garlow N, Staatz C, Margiotta C, Zivin K. Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. Mathematic Policy Research, April, 2019.

⁵ Id.

⁶ Id.