POLICY CENTER FOR Maternal Mental Health™

FACT SHEET

MATERNAL MENTAL HEALTH FACT SHEET

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Prevalence & Range of Disorders

Maternal Mental Health disorders, like postpartum depression, are the leading complication of childbirth, impacting 20% of U.S. women.[1] It's not just depression; there are a range of maternal mental health (MMH) disorders, which also include, anxiety, obsessive-compulsive disorder (OCD), bipolar disorder, and psychosis.

General Mental Health

- Over the last decade, the mental health of US mothers has worsened. Between 2016 and 2023, mothers reported a nearly 65 percent increase of "fair to poor mental health."[2]
- Stigma remains a barrier: many mothers still feel uncertainty or discomfort with seeking mental health support due to the social stigma. In one 2025 study, 62% felt they were judged or treated unfairly during the perinatal period for various issues, including postpartum depression. [3],[4]

Depression

- It's not just the postpartum; maternal depression occurs as frequently during pregnancy as it does during the postpartum period.[5]
- Maternal depression can happen anytime during the perinatal period. In the largest postpartum depression screening study conducted in the US:[6]
  - 40.1% of depressive episodes onset during the postpartum period
  - 33.4% onset during pregnancy
  - 26.5% onset before pregnancy

Anxiety, Obsessive Compulsive, and Bipolar Disorders

- 20% of women experience maternal anxiety disorders, with the highest rates occurring during early pregnancy (25.5%).[7],[8]
- The prevalence rate of OCD is 8% during the prenatal period and 17% in the postpartum period.[9]

In women without a psychiatric condition before the perinatal period, the prevalence of bipolar disorder is 2.6%. In women with an existing bipolar diagnosis, 54.9% have at least one bipolar-spectrum mood episode occurrence in the perinatal period.[10]

A Leading Cause of Preventable Maternal Death

- MMH conditions (suicide and overdose) are the leading cause of pregnancy-related death.[15]
- 20% of maternal deaths are due to suicide.[16]

Why It Matters

- Having a MMH disorder is strongly associated with the risk for preterm birth and babies with low birth weight.[11],[12]
- Untreated MMH disorders can lead to negative early childhood development outcomes.[13]
- Untreated MMH disorders are estimated to have an annual economic cost of 14.2 billion dollars.[14]

Detection & Treatment

- Screening is the process used to detect mental health disorders. It consists of a questionnaire used to understand if/what symptoms exist.
- Though awareness and federal efforts have been increasing, less than 20% of women are screened for MMH disorders.[17]
- Upwards of 50% receive some treatment, with 45% Medicaid and 50% commercially insured women receiving at least one psychotherapy visit, and 45% and 44%, respectively, filling at least one antidepressant prescription.[18]

Risk Factors

- A history of prior psychiatric disorders increases a woman's risk of developing a maternal mental health disorder.[19]
- Those living in poverty suffer from PPD at double the rate of those who don't live in poverty.[20]
- With a greater number of women unable to terminate unplanned pregnancies, rates of depression and anxiety are expected to rise significantly.[21]

Disparities

- People of color have an increased risk for MMH disorders, like depression:
  - Up to 30% of American Indians & Alaskan Natives suffer from PPD.[22]
  - Up to 40% of Black and Latina moms suffer from PPD, twice the rate of their White counterparts.[23]
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women.
- There was a 280% increase in PPD diagnoses for Asian American and Pacific Islanders from 2010-2021.[24]
- Those living in rural communities are 21% more likely to develop PPD compared to women living in urban communities.[25]