

## Are Postpartum Mental Health Resources in Pennsylvania Adequate?

Postpartum mental health conditions are common. In the year following the birth of a child, as many as one in five women are affected by a maternal mental health condition.<sup>1</sup> Experts agree that symptoms of depression or anxiety lasting more than two weeks following the birth of a child should be evaluated by a mental health professional. When left untreated, postpartum mental health conditions can lead to poor health outcomes for parents, infants, and families.

In this report, PHAN conducted a statewide survey of 403 parents who had given birth in the past six years as well as 3 focus groups to assess whether parents had access to necessary mental health services during the year following the birth of a child.

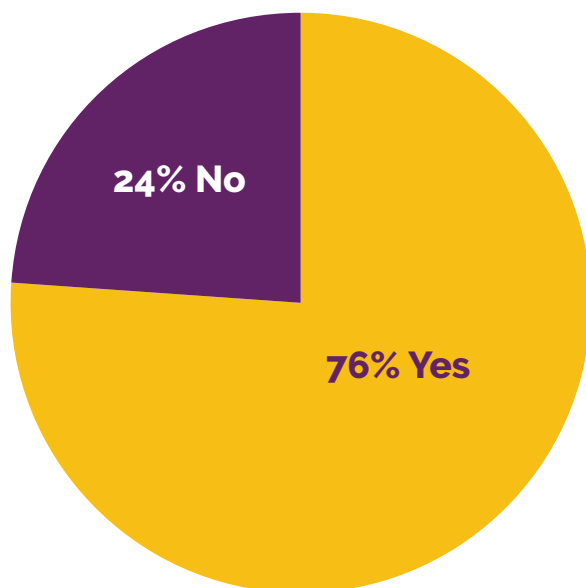
The results of the survey are clear: mental health conditions during the postpartum period are common, and many postpartum parents who need mental health care are unable to access needed services. In our survey, a full **3 out of 4 respondents** felt they needed access to mental health services during the

postpartum period. Yet, of those, **only 1 in 5** received all of the mental health services they needed.

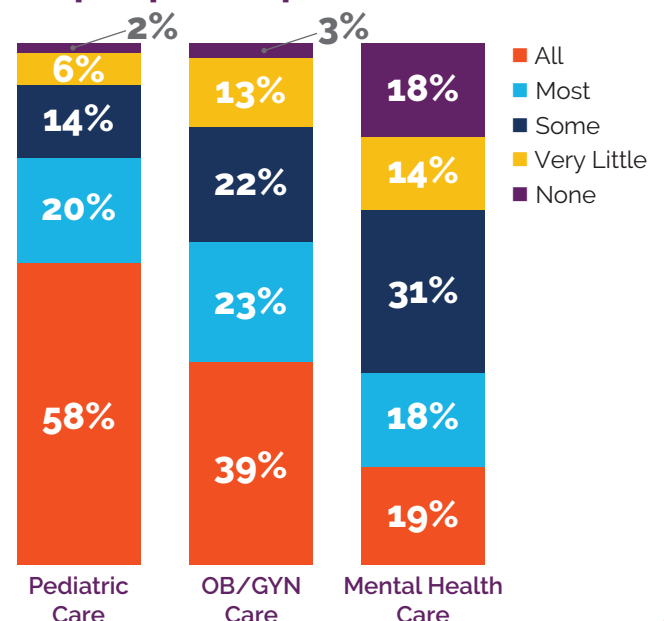
Importantly, this differed significantly from the experience of seeking other types of postpartum care. A full 8 in 10 respondents were able to access "all" or "most" of the pediatric care they needed for their newborn, and 6 in 10 were able to access "all" or "most" of the medical care they needed from an OB/GYN or midwife. Less than 4 in 10 could access "all" or "most" of the mental health care they needed.

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### Did you need mental health care during the postpartum period?



### Did get the care you needed during the postpartum period?



As two survey respondents put it:

**“I felt like my baby got all the care he needed, but I was left to fend for myself.”**

**“I was completely unaware that help was provided or what kind. I felt lost and ashamed.”**

**Other key findings include:**

- 1 in 3 received “very little” or “none” of the mental health services needed
- The top barriers to receiving appropriate mental health care include: long wait times, being unable to find a mental health care provider, not knowing how to find mental health care, not having adequate childcare, and cost.
- The vast majority of respondents (95%) had health insurance; yet, 1 in 3 participants who needed mental health services were still concerned about the cost.
- Focus group participants reported that it was extremely difficult to find providers who were in-network with their insurance, accepting new patients, and had available appointments.

- 4 in 5 respondents said their OB/GYN or midwife did ask about their mental health during their pregnancy. Yet, many participants in the focus groups reported that typical mental health questionnaires were inadequate to identify patients in need of postpartum mental health services and that providers were often rushed when discussing mental health.

Our survey and focus group results show that Pennsylvania can and should do more to ensure that parents receive adequate postpartum mental health care.

Please refer to our report for full findings or contact Jessie Foster for questions by email at: [jessica@pahealthaccess.org](mailto:jessica@pahealthaccess.org)

**Sources**

<sup>i</sup> National Partnership for Women and Families. (2021). The Maternal Health Crises Undermines Moms' and Babies' Health. <https://nationalpartnership.org/report/the-maternal-mental-health-crisis-undermines-moms-and-babies-health/>

## Full Report: Access to Postpartum Mental Health Care in Pennsylvania

The Pennsylvania Health Access Network (PHAN) conducted a statewide survey in partnership with the Maternity Care Coalition (MCC), Thriving PA, and the March of Dimes in spring of 2023. The survey had 403 respondents from across Pennsylvania who have been pregnant in the last 6 years. Twenty-two survey respondents were selected to participate in one of three focus groups to expand on their experience with postpartum mental health care.

### Survey: Detailed Findings

Of the 403 respondents to the survey, the majority had health insurance coverage through an employer (63%), followed by coverage through Medicaid (35%), private insurance (13%), or were uninsured or did not specify (5%). Some respondents had multiple coverage types during the time period.

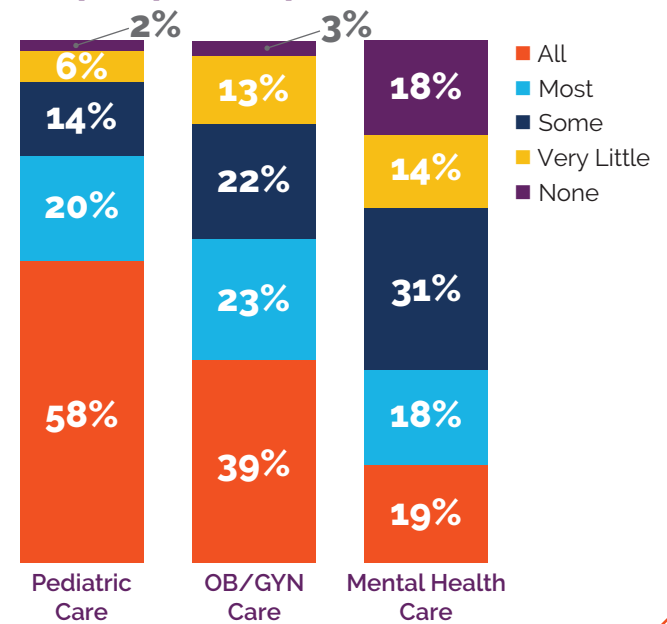
When asked about their access to medical care from an obstetrician-gynecologist (OB-GYN) or midwife following a birth, 84% indicated that they needed care during the first year postpartum. Only 39% reported that they received all the follow-up care they needed, with 23% getting most of the care they needed, 22% getting some of the care they needed, and 16% getting very little or none of the care they needed.

When asked about access to pediatric care for their newborn, 95% said it was needed. Rates of access to appropriate follow-up care were higher for pediatric care, with 58% getting all the follow-up care needed, 20% getting most of the needed care, 14% getting some of the needed care, and 8% getting very little or none of the care needed.

When it came to mental health care, access was more limited.

**A full 76% of respondents said they needed care for their mental health. Of those, nearly a third of participants (32%) said they received no mental health care or very little mental health care.**

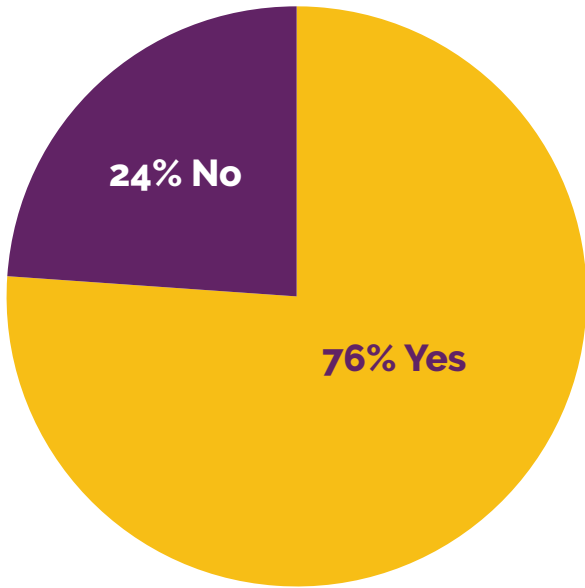
### Did get the care you needed during the postpartum period?



One in five said their OB/GYN or midwife did not ask about their mental health during their pregnancy. Only 19% received the mental health services they needed, such as therapy, medication, or counseling.

One quarter (24%) of respondents did not report needing access to mental health care during the postpartum period. However, a portion of these respondents reported that access issues were contributing factors in them not needing mental health care, a finding that suggests that need for mental health care was under-reported on the survey. Of respondents who said they did not need mental health care, 71% said they did not feel overwhelmed, anxious, sad, or depressed, 13% didn't have time to receive mental health services, 9% didn't

### Did you need mental health care during the postpartum period?



think it would help, 6% didn't know they could get mental health care, 7% said it was never discussed with them, and 7% said it was unaffordable.

Of the participants who said they did not get all the mental health care they needed, 1 in 3 indicated this was due to: long wait times (35%), being unable to

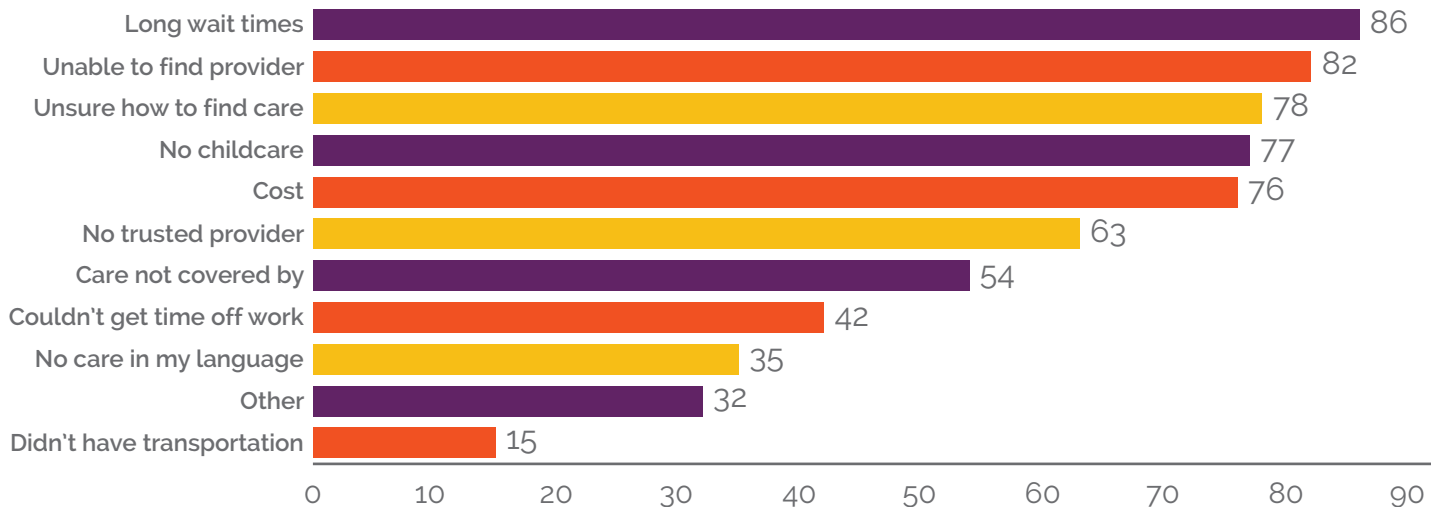
find a doctor or therapist (33%), not knowing how find mental health care (31%), not having childcare (31%) or the cost of receiving care (30%). Other reported barriers to accessing care included not finding care from a trusted provider (25%), not being able to find care covered by insurance (22%), not being able to get time off work (17%), not being able to find care in their preferred language (14%), or lack of transportation (6%).

A majority of respondents received peer or home-based support. Thirty-five percent of participants were connected with a support group, 24% with home visiting services or visits from a nurse, and 19% with a peer support specialist or peer counselor; 37% did not receive any of these services.

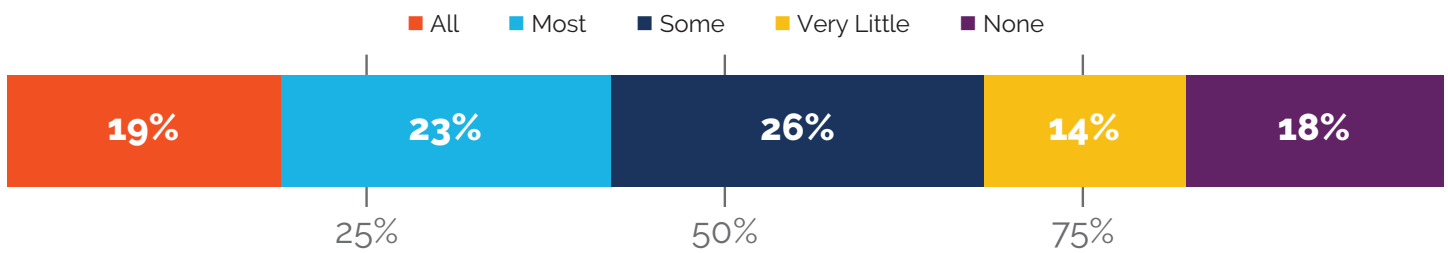
Access to childcare can also be a significant barrier to receiving appropriate mental health care. Only 1 in 5 (19%) participants reported having access to all the childcare they needed in the postpartum period, with 23% parents reporting they had most childcare they needed, 26% had some childcare, 26% had very little childcare, and 18% had none at all.

We also asked if all doctors or providers respected the participants' race, ethnicity, culture, religion, gender identity, sexual orientation, and other parts of their identity; 89% said yes; 5% said some providers

### Barriers to Accessing Mental Health Care



## Did you get access to the childcare you needed?



did, and 6% said that their doctors did not respect all aspects of their identity.

At the end of the survey, respondents were given the space to share additional comments about their experiences. Nearly half had more to say, with many participants sharing perceived shortcomings in the system and their access, including providers downplaying patient concerns and the need for more supports. The following are selected representative comments:

**"I felt ashamed to ask for care for depressive feelings. I expressed to several doctors an obsession over my infant eating and they told me that was normal. I tried medication, it failed, and there was no follow up. I tried a psychologist referral, was contacted once, and then never again. There's a clear failure of follow up."**

**"The doctor didn't really have time to address my mental health needs. The pediatrician who I was seeing more missed all the signs because their job was to care for the baby. No one really talks about postpartum depression."**

## Focus Group: Detailed Findings

To get a more in-depth understanding of postpartum people's experiences, our survey findings were supported by three focus groups with 22 participants from across the state. Each focus group followed the same script to ensure consistency. The following are detailed findings from the focus groups.

### Accessing Mental Health Care

Participants reported that, in the majority of cases, the first check on their mental health postpartum was at their 6-week check-in with their OB-GYN or midwife through a questionnaire. Many participants felt that their providers were "just checking boxes." Follow-up OB-GYN appointments often felt rushed, even when the patient had a history of mental health needs. Several participants felt their child's pediatrician was more thorough in checking for mental health needs than their OB/GYN. Mental health checklists used by providers were viewed by many participants as impersonal and inadequate for detecting mental health symptoms. Participants reported that most doctors asked only about symptoms of depression and did not provide resources for other conditions.

Participants noted that prenatal appointments were very frequent (up to 2-3 times per week at the end of a pregnancy), but there was typically only one postpartum check-up six weeks following birth. Participants viewed postpartum appointments as being too infrequent with a high chance of missing serious mental health concerns that may occur before or after the 6-week check-up.

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Many participants felt very overwhelmed by caring for a newborn and felt they lacked support and resources for their mental health. Some participants reported that they expressed concerns about their mental health at an appointment with their provider and received a list of mental health providers, but most providers were not taking new patients.

Some participants who had the opportunity to participate in special programs, like group therapy for those with traumatic birth experiences, found these extra resources to be very helpful.

Some participants commented on the stigma around postpartum mental health. Participants shared concerns about the potential consequences of admitting they were struggling, including fears of their child being taken away from them. Others were uncertain as to whether their negative feelings were "normal" or needed intervention.

Another common factor affecting the success of mental health screenings was lack of provider continuity. In many cases, participants were randomly assigned to a provider, or saw a series of providers within the same clinic. Without the opportunity to build a patient-provider relationship, patients did not feel comfortable answering questions about mental health honestly. By contrast, those who had developed rapport and saw the same provider regularly were able to better identify changes in their mental health and receive appropriate interventions.

### **Experience of Accessing Mental Health Care**

Postpartum mental health experiences varied widely. Some experienced an immediate crisis after giving birth, but more often, the changes went unnoticed for months before a family member or provider noticed the signs. Participants emphasized that it can be difficult to know whether they needed mental health care when they were tired and overwhelmed, especially with their first baby.

For participants seeking mental health care for the first time, much of the information provided was inadequate, and they typically received only a small list of providers that could help. There was often a

significant period of trial and error to find a provider who was a good fit, who took their insurance, or was accepting new patients. Some did not find a provider they felt comfortable with, or did not feel like the care was helpful and ultimately did not continue the care. Telehealth options proved crucial to connecting with care when many local providers were not accepting new patients.

Peer supports were helpful in many instances, whether they were formally organized through a provider, or informally through Facebook and other platforms where parents could exchange resources and discuss common experiences.

### **Barriers to Care**

The general lack of information and resources was often the first barrier to mental health care. Participants were unfamiliar with their options, and at a stressful and busy time of life, it was often difficult to prioritize mental health, as it competed with necessary activities such as sleeping, eating, social time, or other healthcare.

**Access to maternity leave and childcare programs affected many parents' access to mental health care.**

Some participants had access to community centers that provided a few hours of care, long enough for the parent to have an appointment nearby. Others relied on family and friends to help. Others simply could not access childcare or could not take time from work. Childcare requires not only finding programs or providers, but is often costly, and costs multiply per child. For single parents in particular, these burdens multiplied.

Telehealth was an important option that allowed participants to access therapy over the phone or by zoom. This was especially useful when therapists offered flexible hours, so that virtual meetings could



be arranged while babies were napping or during lunch hours and breaks. Participants noted that, without options for remote therapy, it would be hard to continue getting treatment.

The wait for the first appointment was a major hurdle. Even with referrals from primary care providers or OB-GYNs, it was often a long wait before an appointment was available. Not all insurers provided telehealth options, and even then, there could be long wait lists of up to 5 months before a first appointment. Participants found that many recommended providers were no longer accepting new patients, or in some cases had closed or retired. Some were still waiting for an appointment at the time of our conversation. Some participants were frustrated to learn that primary care providers could prescribe medications as necessary while they waited to see another provider, as that option had not been offered to them.

Cost was another significant barrier to accessing mental health services, as many providers are private and must be paid for out of pocket. Finding a provider with experience in postpartum care who was in-network with insurance is difficult, and out-of-network providers were often costly to see. As one participant noted, she might have continued to see her therapist longer had it not cost \$80 per visit.

### **Suggested Improvements**

Participants in the focus groups suggested improvements such as, lists of mental health resources upon leaving the hospital, updating postpartum mental health questionnaires to identify individuals with mental health concerns other than postpartum depression, and ongoing conversation with their providers to discuss concerns and resources.

Participants also expressed interest in having a designated person at their providers' offices to check in on parents in the weeks following childbirth and guide patients through the process of seeking mental health care when necessary. Some participants thought an appointment with a trained counselor following the birth of a baby should be standard for

all parents; this could easily lead to further care for parents who need it.

Participants also expressed interest in working with their prenatal providers to prepare a plan for their postpartum care ahead of time, including medical aspects like caring for c-section scars and physical therapy as well as addressing when and how to access mental health care.

Participants reported that being a parent of a newborn can be isolating and felt that parenting support groups moderated by knowledgeable providers could be useful for exchanging experiences or resources. They could also be useful for referring people to further mental health care when needed.

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## **Conclusion**

Maternal mental health conditions are the leading complication of pregnancy and yet –as evidenced in this report-- there are substantial barriers to access to care. Given the prevalence of maternal mental health conditions, and the input from moms across Pennsylvania, there are several opportunities to improve policy to better meet the needs of moms during the perinatal period. First, more should be done to integrate access to maternal mental health care into obstetric care settings. Twenty-one states in the U.S. have established perinatal psychiatric access programs which are proven to be an effective mechanism in the for reducing perinatal mental health inequities and building primary provider care capacity. Additionally, improving access to perinatal and parenting support services could help address concerns related to non-medical support, education, and connection to resources. Finally, sustainable investments in growing and diversifying the perinatal mental health workforce will be a critical long-term strategy.

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## Post-Partum Care Survey

This survey is for people who have been pregnant within the past six years and is intended to learn more about your experience accessing care following the birth of a child.

The survey is being administered by the non-profit organization Pennsylvania Health Access Network (PHAN) in partnership with Thriving PA and the March of Dimes. All of your answers and personal information will be kept strictly confidential. Please take about 5 minutes to answer the following questions.

Please communicate with Jessy Foster if you have any questions:

[jessica@pahealthaccess.org](mailto:jessica@pahealthaccess.org) // 877.570.3642 x707

**1. This survey is intended for people who have been pregnant within the past six years. Have you been pregnant within the past 6 years?**

- Yes  No

Thank you. This survey is about the year following the birth of a baby (the postpartum period). When answering the questions, please think about that time period.

**2. What type of insurance coverage(s) did you have during that time period? (check all that apply)**

- From an employer  Uninsured  
 Medical Assistance or Access Card  Not sure  
 Bought my own plan  Other (please specify)

**3. During that year following your pregnancy, did you need medical care from an OB/GYN or midwife?**

- Yes  No

**4. Were you able to get the care you feel you needed from an OB/GYN or midwife during that year?**

- No, I wasn't able to get care  
 I received very little care  
 I received some care  
 I received most of the care I needed  
 I received all the care I needed

**5. During that year, did you need care for your baby from a pediatrician?**

- Yes  No



## Post-Partum Care Survey

6. **Were you able to get the care you feel you needed from a pediatrician during that year?**
- No, I wasn't able to get care
  - I received very little care
  - I received some care
  - I received most of the care I needed
  - I received all the care I needed
7. **During that year, did you feel you needed care for your mental health, including feelings like being overwhelmed, anxious, sad, or depressed?**
- Yes (*go to question 9*)                       No (*go to question 8*)
8. **If you did not need mental health care, was it because (check any that apply):**
- I did not feel overwhelmed, anxious, sad, or depressed
  - I didn't believe it would help me
  - I didn't know I could get that care
  - It was unaffordable
  - None of my doctors, nurses, or midwives discussed it with me
  - I didn't have time
  - Other (please specify)
9. **During your pregnancy, do you remember your OB/GYN or midwife asking you about your mental health?**
- Yes     No
10. **During the year following your pregnancy, were you able to get the mental health care you feel you needed such as therapy, medication, or counseling?**
- No, I wasn't able to get care
  - I received very little care
  - I received some care
  - I received most of the care I needed
  - I received all the care I needed

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## Post-Partum Care Survey

**11. If you could not get all the mental health care you feel you needed, what were the issues you faced? (check all that apply):**

- Cost
- Didn't know how to find mental health care
- Didn't have childcare
- Long wait times
- Couldn't find doctors or therapists
- Couldn't find care in my language
- Couldn't find care from someone I trust
- Care wasn't covered by my insurance
- Couldn't get time off work
- Didn't have transportation
- Other (please specify)

**12. During that year, did you receive any of the following services (check any that apply):**

- Home visiting or visits from a nurse
- Support group
- Peer support specialist or peer counselor
- None of the above

**13. During that year, did you have childcare when you needed it in order to get care of any kind?**

- No, I didn't have childcare
- I had very little childcare
- I had some of the childcare I needed
- I had most of the childcare I needed
- I had all the childcare I needed

**14. During that year, did all the doctors or providers you saw respect your race, ethnicity, culture, religion, gender, identity, sexual orientation, or other parts of your identity?**

- Yes  No  Some

## Post-Partum Care Survey

15. Please share anything about your experience seeking care during that time period that hasn't been covered:

16. Age \_\_\_\_\_

17. ZIP \_\_\_\_\_

18. Race (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="radio"/> White            | <input type="radio"/> Asian               | <input type="radio"/> Multiple Races         |
| <input type="radio"/> Black            | <input type="radio"/> South Asian         | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Latino           | <input type="radio"/> Middle Eastern      |  |
| <input type="radio"/> Pacific Islander | <input type="radio"/> Indigenous American |  |

Please share your contact information below if you consent to being contacted for more information about your experiences or to enter our gift card raffle. (Optional)

19. Name \_\_\_\_\_

20. Phone \_\_\_\_\_

21. Email \_\_\_\_\_



[thrivingpa.org](http://thrivingpa.org)



[pahealthaccess.org](http://pahealthaccess.org)