

RESOLUTION

Subject: Improving Mental Health Care Services for Post-Partum Mothers
 Submitted by: Margo Nelis, Morgan Sydnor, Maggie Stull (Medical Student Section)
 Referred to: Reference Committee

WHEREAS, depression, the most common mood disorder in the general population, is approximately twice as common in women as in men, with its initial onset peaking during the reproductive-age years⁴; and

WHEREAS, 10% to 20% of mothers are believed to experience depressive symptoms during their postpartum course, making postpartum depression (PPD) the most common serious postpartum complication³; and

WHEREAS, postpartum depression is defined as a specific type of depressive mood disorder that follows pregnancy and affects the ability to care for the child²; and

WHEREAS, postpartum depression can be seen in all persons capable of bearing children, including non-binary and transgender men⁷; and

WHEREAS, the national average of postpartum depression is 13.4%, whereas Kentucky has an average of 13.9% of women who suffer from the disorder²; and

WHEREAS, the maternal risks of untreated postpartum depression include weight concerns, substance use disorders, social relationship complications, breastfeeding difficulty, or persistent depression compared to the women who seek treatment¹; and

WHEREAS, the negative consequences of postpartum depression on infant health include poor cognitive function, behavioral inhibition, emotional maladjustment, violent behavior, and psychiatric and medical disorders in adolescence¹; and

WHEREAS, research shows that improving screening for PPD increases diagnosis rates but, improvements in treatment and follow-up are needed to improve clinical outcomes³; and

WHEREAS, recommendations to promote postpartum health care include support groups and designing long-term educational programs for mothers, and conducting research focused on postpartum maternal health outcomes⁵; and

WHEREAS, The American College of Obstetricians and Gynecologist recommends that providers screen each patient for postpartum depression and anxiety during a postpartum care visit following delivery and provide treatment options for women diagnosed with PPD²; and

WHEREAS, the AMA supports advocating for enhanced mental health services for women during the postpartum period (H-420.953), now, therefore, be it

RESOLVED, that KMA supports improvements in mental health care services for the postpartum period to improve maternal and infant health outcomes; and be it further

RESOLVED, that KMA supports advocating for funding of programs that aid postpartum depression research.

References:

- 1 Slomian J, Honvo G, Emonts P, Reginster J-Y, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Womens Health (Lond Engl)*. 2019;15:1745506519844044. doi:[10.1177/1745506519844044](https://doi.org/10.1177/1745506519844044).
- 2 Explore Postpartum Depression in Kentucky | 2021 Health of Women And Children Report. America's Health Rankings. Accessed July 24, 2022. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/KY
- 3 Gjerdingen D, Yawn B. Postpartum Depression Screening: Importance, Methods, Barriers, and Recommendations for Practice. *The Journal of the American Board of Family Medicine*. Published online May 2007. doi:[10.3122](https://doi.org/10.3122)
- 4 Cheng C-Y, Fowles ER, Walker LO. Postpartum Maternal Health Care in the United States: A Critical Review. *J Perinat Educ*. 2006;15(3):34-42. doi:[10.1624/105812406X119002](https://doi.org/10.1624/105812406X119002)
- 5 Screening for Perinatal Depression. Accessed July 24, 2022. <https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>
- 6 Pregnant Transgender Men at Risk for Depression and Lack of Care, Rutgers Study Finds. Accessed July 27, 2022. <https://www.rutgers.edu/news/pregnant-transgender-men-risk-depression-and-lack-care-rutgers-study-finds>