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**Ohio House of Representatives
Behavioral Health Committee
House Concurrent Resolution 16
Caitlin Feasby Feldman, Groundwork Ohio
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Chairwoman Pavliga, Vice Chair White, Ranking Member Brewer and members of the committee, thank you for your time today. My name is Caitlin Feasby Feldman and I am the Ohio Infant-Toddler Court Team and Policy Coordinator for Groundwork Ohio. As a master's level social worker (MSW), trained mental health professional, and policy advocate on behalf of young children and families, it is my privilege to provide proponent testimony for House Concurrent Resolution 16 (HCR16) to recognize the importance of perinatal mental health.

Groundwork Ohio is a statewide, nonpartisan advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five that lay a strong foundation for Ohio kids, families, and communities. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential.

The transition to parenthood is a major life event, evoking profound and lasting changes in new parents' relationships, household structures, and organization of daily life. While this can be a joyous time, it is also a demanding and challenging transition. The realities and responsibilities of parenthood are enormous. Fetal development and birth outcomes are inextricably linked to a mother's physical and mental health, creating a thin margin for error. For those with a predisposition for mental health pathologies, this marked shift and constant pressure to succeed can exacerbate susceptibility to mental health complications, making the perinatal period an especially vulnerable time for mental health challenges to arise¹.

Perinatal mental health refers to a comprehensive definition of mental health conditions that can arise in either parent, during pregnancy and up to one year postpartum. Mental health challenges during the perinatal period are a significant complication of pregnancy that lacks the awareness and adequate response it deserves. According to the Ohio Department of Health, mental health conditions were the leading cause of pregnancy-related deaths

¹ Aktar, E., et al. (2019). Fetal and infant outcomes in the offspring of parents with perinatal mental disorders: Earliest influences. *Frontiers in Psychiatry*, 10. <https://doi.org/10.3389/fpsy.2019.00391>

between 2008-2018.² Perinatal mood disorders, including conditions such as depression, anxiety, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and postpartum psychosis impact 1 in 5 women and 1 in 10 men during the perinatal period. These numbers are even more staggering for Black and Hispanic families, who experience perinatal mood disorders at 2x-4x the rate of their white peers. Common perinatal mental health symptoms, including but not limited to persistent hopelessness, social withdrawal, impatience, irritability, lack of energy, and panic attacks compromise a caregivers' ability to engage in self-care, seek treatment, and utilize responsive parenting skills,³ significantly increasing risk of harm from maltreatment, neglect, infanticide, and suicide during this time.

A newborn baby's brain is forming more than a million neural connections every second. The development of healthy brains and sociability is highly susceptible to influence from caregivers and environmental factors, where negative experiences can have just as much impact as positive ones. Perinatal mental health challenges alter parents' behaviors in ways that include diminished facial affect, social engagement with their baby, attention, and sensitivity to their child. Research indicates parents with perinatal depression are less likely to read, sing to, or play with their infant. These parents may exhibit parenting behaviors that are less engaging and less nurturing overall, which can have a negative impact on infant development. Maternal perinatal depression and anxiety are associated with poorer social-emotional, cognitive, language, motor, and adaptive behavior development in offspring⁴. Developmental outcomes extended beyond infancy, into childhood and adolescence.

Perinatal mood and anxiety disorders are highly prevalent and come with severe consequences, including poor social, emotional, and cognitive outcomes for infants and children and increased risk of death by suicide for new parents. Despite severity, perinatal mental health conditions often go undiagnosed and unaddressed. This is largely attributable to a few key disparities impacting Ohioans, including the facts that:

- Nearly 1 in 4 pregnant moms live in maternity care deserts and lack access to prenatal care during their first trimester. Black and other mothers of color are much more likely to experience delays in care;
- Women enrolled in Medicaid or who are uninsured are less likely to receive postpartum care;
- Half of Ohio's infants, toddlers, and families live in poverty, increasing likelihood of perinatal mood or anxiety disorders while simultaneously resulting in travel and resource access barriers to treatment;⁵

² Ohio Maternal health data and reports. (n.d.). <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/Reports/PAMR-Reports>

³ Perinatal mental health. (n.d.). Mental Health America. <https://mhanational.org/issues/perinatal-mental-health#:~:text=Only%2040%25%20of%20mothers%20with,appropriate%20treatment%20is%20not%20received.>

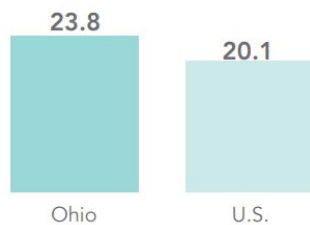
⁴ Association Between Maternal Perinatal Depression and Anxiety and Child and Adolescent Development (September 14, 2020). Joint American Medical Association. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2770120#:~:text=Taken%20together%2C%20results%20suggest%20that,period%20of%20sensitivity%20for%20offspring>

⁵ Groundwork Ohio. (2023). 2023 Early Childhood Dashboard. https://www.groundworkohio.org/_files/ugd/a395ee_32673d8c51f3460d9bde03f9a58a92eb.pdf

- Ohio has 140 mental health professional shortage areas (HPSAs) and is experiencing a severe behavioral health workforce crisis, limiting opportunities to address perinatal mental health needs.⁶

More mothers are dying from causes related to pregnancy and childbirth in Ohio than in other states.

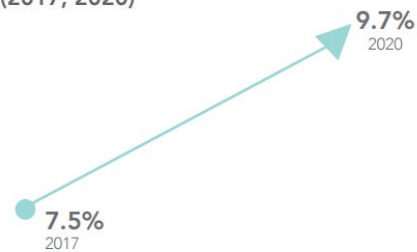
Number of deaths from causes related to pregnancy or its management, per 100,000 live births (2019)



Source: CDC WONDER, as compiled by America's Health Rankings (2019)

Postpartum depression increased 29% among Ohio women during the COVID-19 pandemic.

Percent of women with a live birth who experienced postpartum depression (2017, 2020)



Source: Ohio Pregnancy Assessment Survey (2017, 2020)

Perinatal mental health conditions are treatable. Sadly, only about 40 percent of individuals in need of treatment seek it out, largely attributable to the disparities mentioned above, in addition to shame and stigma. This creates a recipe for a complicated, silent crisis. During a time when new parents are assumed to be glowing, happy, and grateful, it can be difficult to admit that you are not meeting those expectations. If facing poverty and lacking the resources needed to succeed and thrive, it can be challenging to trust others to help you. Access to comprehensive mental health screenings, coordinated systems of care, and timely access to treatment can mitigate potential for harmful perinatal mental health outcomes.

Recognition is the first step toward creating a better future for infants, parents, and families in Ohio. Groundwork Ohio fully supports House Concurrent Resolution 16 to establish the recognition of the importance of perinatal mental health, and we are pleased to see advancement for this legislation as we seek your support for the bill. I am happy to answer any questions you may have.

⁶ Mental Health Care Health Professional Shortage Areas (HPSAs) | KFF. (2023, November 6). KFF. <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>