Policies Can Help Ensure that Vulnerable Mothers Don't Put Their Own Health on Hold

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Pick up diapers. Schedule well-child visit. Read brochure about sleep training. Treat diaper rash. Refill prescription for my antipsychotic medication.

For many overwhelmed new mothers, the last item on this list is also the last to be attended to. Health care gaps for mothers in the postpartum period is a well-known problem, and the consequences of the problem are clear. Mothers with untreated mental health conditions are at risk of substance abuse, self-harm, and, when medication is discontinued, relapse of their mental health condition. They may adopt maladaptive parenting approaches, from failing to engage with children or follow daily routines to committing acts of physical abuse and neglect.

These problems are all more acute for low-income women of color, and particularly severe for young women with histories of child welfare involvement. In Dr. Matone's recent study, she found that more than 40 percent of urban low-income young mothers were known to the child welfare system and that this sizable population of mothers were at-risk for significant health and health care utilization challenges. Specifically, the study found that more than two-thirds of low-income young mothers who were filling prescriptions for mental health conditions prior to pregnancy stopped filling these prescriptions in the year following the birth of their child, putting both mother and baby at risk for poor outcomes.

The public health policy link is quickly apparent. These mothers are likely to have health insurance coverage through Medicaid, which they are currently entitled to receive throughout pregnancy and for 60 days postpartum. In Pennsylvania, Medicaid is the principal payment source for the delivery of nearly one-third of all infants born each year.

Policy solutions to the problem of treatment discontinuity for mothers with mental health conditions are available. But, how will they fare in light of the looming repeal of the Affordable Care Act and a promised period of austerity?

Obstetricians providing mental health care linkage

Obstetricians providing prenatal care are often the sole health care providers for expecting mothers, and are able to link at-risk women to behavioral health service providers. However, a loss of coverage for prenatal care may thwart this avenue for referral and deprive these women of critical screening services.

Multigenerational approach to care

Along the same lines, although many mothers do not maintain their own care after birth, many do attend health care visits for their infants. This gives providers an opportunity to provide intergenerational family services in pediatric settings that address the physical, social and mental health needs of caregivers, which in turn improve the health of their children. For example, pediatric physicians are currently allowed under a child's Medicaid Early Periodic Screening Diagnosis and Treatment benefit to receive reimbursement for maternal depression screening and select treatment in the postpartum period. This permits providers to connect mothers to resources and supply them with important information, including about the continuation of their insurance coverage. Yet, cuts to Medicaid may threaten simultaneous infant and maternal care.

Expanded reach through social programs

Community public health and social programs, including maternal-infant home visiting programs and Women, Infants, and Children ("WIC") programs, facilitate referrals, screening and access to coverage for the highest-risk families. Separate and apart from the health care legislation federal lawmakers are undertaking, projected budgets include cuts to programs like these, which can have a resounding impact on mothers experiencing treatment discontinuity.

We have recently seen promising efforts to address mental health care from the federal government through such initiatives as the 21st Century Cures Act. Other positive reforms are possible. However, it is critical that the most vulnerable groups, like low-income women with histories of child welfare involvement, are considered in any policies, programs and budgets that move forward. Without adequate health care coverage and meaningful policy reforms, these intersectionally vulnerable mothers might slip deeper, unseen, into the cracks.

Jesse Krohn is the associate director of Equality and Diversity at Drexel University. Krohn and Dr. Matone are the co-authors of "Supporting Mothers with Mental Illness: Postpartum Mental Health Service Linkage as a Matter of Public Health and Child Welfare Policy,"' in the Cleveland-Marshall College of Law Journal of Law and Health.

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