



August 18, 2025

We – the 114 undersigned organizations from across the United States that are committed to the health and well-being of pregnant women, mothers, and families in this country – share deep concerns about the July 21, 2025 [FDA Expert Panel on Selective Serotonin Reuptake Inhibitors \(SSRIs\) and Pregnancy](#). We are troubled by the composition of the panel as well as the direction and framing of the dialogue:

- The 10-person panel included just one expert in perinatal mental health: Kay Roussos-Ross, M.D., who is triple board-certified in obstetrics and gynecology, psychiatry, and addiction medicine.
- The panel failed to offer a balanced and evidence-based assessment of SSRI use during pregnancy, largely ignoring a robust and thorough body of scientific evidence that supports SSRI safety and efficacy in pregnancy as well as clinical guidance from leading medical organizations in the United States including the [American College of Obstetricians and Gynecologists \(ACOG\)](#) and the [American Psychiatric Association \(APA\)](#). Both ACOG and APA recommend SSRIs as first-line pharmacotherapy for perinatal depression and anxiety.
- The panel repeatedly cited studies ostensibly showing harmful effects of SSRIs on the child, yet did not share information about the limitations or flaws of those studies.
- The panel focused almost exclusively on potential impacts of SSRIs on the baby, virtually ignoring the impact of untreated maternal mental health conditions on the mother.

As a result, the panel undermined meaningful progress made over the last two decades in treating women’s mental health during and following pregnancy.

Here are the facts:

- Maternal mental health conditions – a [range of conditions](#) including anxiety, depression, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, substance use disorder, and psychosis that occur during pregnancy and up to one year postpartum — are often preventable, temporary, and treatable.



- Maternal mental health conditions are the [most common](#) complication of pregnancy and childbirth, impacting one in 1 in 5 women or 800,000 families each year in the United States.
- The United States has the [highest maternal mortality rate of any high-income nation](#), and mental health conditions are the [leading cause](#) of maternal mortality, accounting for 23% of pregnancy- related deaths.
- Up to 60% of maternal mental health conditions begin [before the baby is born](#).
- As many as [75% of individuals](#) impacted by maternal mental health conditions do not receive treatment, increasing the risk of negative outcomes for mother and baby and costing our society [\\$14 billion each year](#).
- Communities of color are disproportionately affected, experiencing higher rates of maternal mortality and reduced access to quality care. Women of color experience [maternal mortality rates 2 to 3 times](#) the rate of white women, and are [half as likely](#) as white women to receive treatment for maternal mental health conditions.

As Dr. Roussos-Ross stated in the panel, treating maternal mental health conditions is a necessity, not a luxury, as untreated maternal mental health conditions can have a [negative impact on mother and baby](#):

- Women with untreated mental health conditions during *pregnancy* are more likely to have poor prenatal care; use substances such as alcohol, tobacco, or drugs; and experience physical, emotional, or sexual abuse. Infants born to these mothers are at higher risk for poor birth outcomes, such as preterm birth, small for gestational size, low birth weight, and longer stays in the neonatal intensive care unit.
- Women with untreated maternal mental health conditions *postpartum* are more likely to be less responsive to their baby's cues, have fewer positive interactions with their baby, and experience breastfeeding challenges. Untreated maternal mental health conditions in the parent can increase the risk for impaired parent-child interactions; behavioral, cognitive, and emotional delays in the child; and Adverse Childhood Experiences.

Stated plainly: Too many mothers in this country, including too many pregnant women, are not well. Despite the clear risks, the majority of affected individuals—particularly those from marginalized communities—do not receive adequate care due to stigma, systemic inequities, and barriers to access.



Fortunately, maternal mental health conditions are highly treatable with a [range of safe, effective supports](#), including self-care, social support, therapy, and, when needed, medication.

When deciding whether to treat maternal mental health conditions with medication, providers and patients must weigh the risk of untreated maternal mental health conditions with the risk of the medication. *There is no risk-free situation.* Just as no medical provider would advise a pregnant patient to stop taking medication for asthma, epilepsy, high blood pressure, or thyroid and heart conditions without a careful, compassionate, informed conversation, the same standard must apply to antidepressant use. These decisions require thoughtful, evidence-based discussions.

In the last two decades, we have made meaningful progress in reducing stigma and raising awareness around maternal mental health and appropriate treatment options. But that progress is fragile. Public statements that downplay these conditions—and the available evidence-based treatments—can discourage mothers from seeking the help they need and deserve.

*Thus, we call on the FDA and this Administration to ensure that future conversations about maternal mental health are compassionate, balanced, and evidence-based, and that they include a more comprehensive range of clinical voices, particularly those in psychiatry, obstetrics, and maternal mental health.*

Ensuring that every mother has the care she needs is not a partisan issue; it is a public health necessity and moral imperative.

We welcome the opportunity to support the FDA and this Administration in future discussions around maternal mental health.

Sincerely,

Aaliyah in Action  
American Association of Psychiatric Pharmacists  
American College of Nurse-Midwives



Chamber  
of Mothers

American Foundation for Suicide Prevention  
American Psychiatric Association  
Anchor Perinatal Wellness  
Anxiety and Depression Association of America  
Arbit Counseling  
Arkansas Maternal Coalition  
Armor Medical Inc.  
Baby Blues Connection  
Bay State Birth Coalition  
BB-Penda  
Because UR Lovely  
Beyond the Baby Blues  
Birthing the Magic Collaborative  
Black Maternal Health Federal Policy Collective  
BLOOM  
Bronson Battle Creek  
Candlelit Care  
Center for Postpartum Family Health  
Central Carolina Doulas  
Chamber of Mothers - Boston  
Clinical Social Work Association  
Concert Health  
Dionysus Digital Health, Inc.  
Dowa  
D.U.O. EmpowerMENT Services  
Delaware Delco Foundation  
Every Mother Counts  
EveryMom Chicago  
Family-Centered Care Taskforce  
FamilyWell Health  
Get Pregnancy Ready, LLC  
Global Alliance for Behavioral Health and Social Justice  
Grace Leadership Foundation, Inc.  
Healthy Mothers, Healthy Babies - The Montana Coalition  
HealthyWomen



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Hope for HIE  
ICU baby  
In Kind Boxes  
Ingram Screening, LLC  
International OCD Foundation  
League of Women Voters Metropolitan Des Moines  
Life With Baby  
Lifeline for Families Center and Lifeline for Moms Program at UMass Chan Medical School  
Mama2Mama  
MamaworksBCS  
Mammha  
Marce of North America (MONA) Perinatal Mental Health Society  
Maritz Family Foundation  
Massachusetts PPD Fund  
Mavida Health  
Mental Health America of Ohio  
Mère  
Michigan Breastfeeding Network  
Michigan Council for Maternal and Child Health  
Mission Just One Mom  
Moms Mental Health Initiative, Inc.  
MomsRising  
Mujeres de Islas  
National Birth Equity Collaborative  
National Eating Disorders Association  
National Perinatal Association  
NICU Parent Network  
North Shore Postpartum Help  
Nurture Women's Therapy  
Nurtured Counseling  
Nurtured TX  
Oshun Family Center  
Our Bodies Ourselves  
Partum Health



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Perinatal Support Washington  
Postpartum Resource Center of New York  
Postpartum Support International  
Postpartum Support International - Arizona  
Postpartum Support International - California  
Postpartum Support International - Colorado/Colorado Perinatal Mental Health Project  
Postpartum Support International - Iowa  
Postpartum Support International - Kansas  
Postpartum Support International - Louisiana  
Postpartum Support International - Maryland/Community After Birth  
Postpartum Support International - New Jersey  
Postpartum Support International - North Carolina  
Postpartum Support International - Utah  
Postpartum Support International - Pennsylvania  
Postpartum Support Virginia  
Premieworld Foundation, Inc.  
Pregnancy and Postpartum Support MN  
Rebuilding Independence My Style  
Reproductive Psychiatry Trainees  
Return to Zero: Hope  
Rhia Ventures  
Saul's Light Foundation  
Seven Starling  
SHIELDS for Families  
Silvie Bells  
Southeast Michigan IBCLC's of Color  
Steady Hope, LLC  
The Alliance Center of CT and Dowd Health  
The Colette Louise Tisdahl Foundation  
The CT Maternal and Child Health (MCH) Coalition  
The CT Women's Consortium  
The Foundation for Delaware County  
The Lilith Center for Women  
The Motherhood Center  
The National Alliance to Advance Adolescent Health



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The Tiny Miracles Foundation  
Tikvaseinu  
UFHealth Shands Children's Hospital  
What to Expect Project  
Wildflower Health  
YANAM2M  
Zero to Three