

Position Statement on Medicaid Coverage for Maternal Postpartum Care

Approved by the Board of Trustees, December 2020

Approved by the Assembly, November 2020

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Women and other persons in the postpartum period are at elevated risk for postpartum mental health and substance use disorders. The peak incidence of maternal self-harm related death is between 9 and 12 months postpartum with the most common risk factors being postpartum depression, substance use disorder and intimate partner violence. It is associated with numerous adverse effects on both mother and baby, including poor healthcare utilization, reduced breastfeeding, poor mother-infant interactions, and increased psychopathology in children. Postpartum psychiatric illness is also associated with maternal suicide, accidental overdose, and infanticide. It is the leading cause of preventable postpartum maternal mortality and morbidity.

In an effort to decrease maternal mortality, the American College of Obstetrics and Gynecology recommends routine screening, referral and treatment of pregnant and postpartum women for perinatal mental illness and substance use disorders. Insurance coverage for close to 50% of all births in the U.S. is through Medicaid, which is only mandated to continue its pregnancy-related coverage for the mother through the first 60 days postpartum, after which continuing coverage is determined at the state level. In addition, the Centers for Medicare and Medicaid Services (CMS) authorize states to cover screening for postpartum depression for non-Medicaid eligible mothers during the well-child visit but does not authorize coverage for treatment of postpartum depression, simply suggesting these women be referred to community resource.

APA Position:

The American Psychiatric Association supports that maternal postpartum Medicaid coverage be extended to one year post-delivery, to increase access to treatment for women with postpartum depression and other mental health and substance use disorders in order to decrease maternal mortality and to improve both maternal and child health outcomes.

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