

Proclamation No. 24-0684 A Proclamation on Maternal Mental Health Awareness

WHEREAS, In the United States, 1 in 5 women suffer from a pregnancy related mental health disorder which can occur at any time during pregnancy and well beyond one year postpartum, making perinatal mental health conditions the most common complication of pregnancy and 75% never get care; and

WHEREAS, The United States ranks highest among industrialized nations in maternal mortality with perinatal mental health (PMH) conditions being one of the leading causes of mortality. With regards to morbidity and mortality, rates among the Black and Native American birthing populations are even higher; and

WHEREAS, Perinatal mental health conditions impact most Denver families in some way, given the emerging evidence that fathers, partners, and non-gestational caregivers (foster or adoptive parents) are also at increased risk for perinatal mood disorders due to the stress of caring for a new child; and

WHEREAS, Causes of these preventable deaths include inadequate screening and referral protocols, socio-cultural factors, lack of community-based care, and too many maternity care deserts across the country. Causes also include the intense shame that can deter mothers from seeking help. Additionally, one's broader environment and social determinant related factors also contribute; and

WHEREAS, Employment, income, housing, food security, and transportation are all closely linked to health and wellness and can magnify perinatal mental health conditions or in fact be the exact barriers to obtaining adequate treatment; and

WHEREAS, Since the COVID-19 pandemic, participants in Postpartum Support International's perinatal support groups quadrupled. Women suffered disparate economic damage and have yet to recover, especially women of color. Such impacts have complicated the experiences of birthing and parenting, increasing risk for perinatal mental health conditions and simultaneously lack of treatment potential; and

WHEREAS, Policies, practices and organizational systems influence perinatal mental health conditions and can help improve opportunities for treatment and even prevention of worst-case scenarios of suicide and/or infanticide. The current childcare crisis and lack of "family-friendly" policies to enable parental economic wellbeing in the workforce erode resilience factors against perinatal mental health conditions and increases stress, thus increasing risk for negative outcomes; and

WHEREAS, According to the National Research Council and Institutes of Medicine, the effects of perinatal mental health conditions impact the entire family. Failure to address these issues in parental caregivers are linked to serious consequences and risk for later mental health problems, including developmental delays, social adjustment difficulties, and difficulties in school for the child. This increases the downstream societal costs and negative impacts of lack of treatment of preventable conditions; and

WHEREAS, The U.S. Preventative Services Task Force recommends screening for depression in the general adult population, including pregnant and postpartum women and the broader birthing population, and screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up; Such screening is legally mandated in several states but not yet in Colorado; and

WHEREAS, Postpartum Support International recommends screening for the presence of prenatal or postpartum mood and anxiety disorders, at the first prenatal visit, at least once in each of the second and third trimesters, and at a six-week postpartum obstetrical visit, with repeated screening at six and/or twelve months in OB and primary care settings, and the American Academy of Pediatrics also recommends maternal depression screening three times during the child's first year at well-child visits; and

WHEREAS, Colorado is one of ten states in the U.S. that allow for this screening to be billed under the child's Medicaid however, Colorado is the only one of these states that limits this screening to once per year despite expert recommendations of a minimum of 3 screenings in the year of active pregnancy and 3 screenings in the child's first year of life; and

WHEREAS, While screening tools and professional recommendations exist, many within the birthing population are not routinely screened for mental health disorders and even fewer gain access to needed and necessary services. The cause of the preceding is multifactorial, including fragmented systems of care, lack of affordable and culturally appropriate services, insurance denials and cost, and a lack of providers with specialty training in perinatal mental health who can offer necessary and accessible treatment; and



WHEREAS, In 1993, Colorado established the Maternal Mortality Review Committee (MMRC), a statewide advisory body that reviews every maternal death in the state and generates reports and recommendations for system level changes that embed lessons learned into public health and health care systems to make them more equitable, and decrease preventable deaths; and

WHEREAS, In the MMRC's September 2023 report top recommendations for reducing maternal mortality included a variety of recommendations to invest in the improvement, expansion and awareness of perinatal mental health interventions; and

WHEREAS, The Health Resources & Services Administration (HRSA) recently granted the state of Colorado a \$5 million grant through the State Maternal Health Innovation & Data Capacity Program to guide the implementation of evidence-informed interventions to address critical gaps in the state provision of maternity care services. This Program will support Denver's local maternal mortality and morbidity reduction programming, including the Title V MCH Block Grant housed in the Department of Public Health & Environment; and

WHEREAS, Denver must maintain its efforts to maximize health prior to pregnancy, including, but not limited to, preventing smoking, improving access to physical and nutritional wellness, improving economic outcomes for women, expanding family friendly workplace policies, supporting childcare industry recovery, reducing sexually transmitted diseases, reducing domestic violence, reducing gun violence; and reducing housing insecurity and homelessness; and

WHEREAS, It will be critical that Denver promotes a comprehensive approach to perinatal mental health screening, centering screening with the maternity care provider, beginning in pregnancy and with the clear intent of linking women/the perinatal population to comprehensive services, including Women Infant and Children (WIC), home visiting programs, like Nurse Family Partnership, parenting support, treatment for mental health and substance use disorders during the perinatal period and comprehensive case management; and

WHEREAS, Denver must also continue to promote narrowing the disparities via additional support for Black women, and culturally and linguistically relevant public awareness about perinatal mental health risk factors, signs, symptoms, treatment, and recovery; and

WHEREAS, Denver City Council is committed to working with The Colorado Perinatal Mental Health Project, Denver Health, The Public Health Institute at Denver Health, Families Forward Resource Center, Adam's Purpose, Elephant Circle, CU Promise Clinic, CU Colorado Adolescent Maternity Program, Children's Hospital Young Mothers Clinic, Center for African American Health, Motherwise/Thriving Families, Sister-to-Sister Inc, Therapists of Color Collaborative, The Den, Colorado Perinatal Care Quality Collaborative, Colorado Behavioral Health Administration and Denver Department of Public Health & Environment to jointly reduce the occurrences of preventable death and suffering related to perinatal mental health conditions; and

WHEREAS, Denver City Council acknowledges that there is great opportunity to create and improve policies that reduce barriers and create protective factors for those impacted by perinatal mental health conditions and that strong leadership and engagement of the perinatal care community, the ongoing and funding of community-based programs, and targeted quality improvement is necessary to narrow racial and ethnic disparities; and

WHEREAS, Denver City Council knows that healthy parents lead to healthy children and families which in turn leads to healthy cities and a future that is safeguarded for the next generation of Denverites.

NOW THEREFORE, BE IT PROCLAIMED BY THE COUNCIL OF THE CITY AND COUNTY OF DENVER:

Section 1. That the Council of the City and County of Denver memorializes the month of May as Maternal Mental Health Awareness Month in the City of Denver, in conjunction with World Maternal Mental Health Day on May 3rd.

Section 2. That the Clerk of the City and County of Denver shall affix the seal of the City and County of Denver to this proclamation and that a copy be transmitted to Colorado Perinatal Mental Health Project, Dr.'s Kristen Acker, Patrece Hairston-Peetz and Galena Rhoades.

PASSED BY THE COUNCIL May 20, 2024

PRESIDENT

